

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications.

Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
A4206*		SYRINGE WITH NEEDLE STERILE 1CC			\$0.23
A4207*		SYRINGE WITH NEEDLE STERILE 2CC			\$0.23
A4208*		SYRINGE WITH NEEDLE STERILE 3CC			\$0.23
A4209*		SYRINGE WITH NEEDLE STERILE 5CC OR GREATER			\$0.23
A4210*		NEEDLE FREE INJECTION DEVICE			\$446.81
A4211*		SUPPLIES FOR SELF-ADMINISTERED INJECTIONS			BY REPORT
A4212*		NON-CORING NEEDLE			\$3.38
A4213*		SYRINGE STERILE 20 CC OR GREATER			\$0.67
A4214*		STERILE SALINE OR WATER 30 CC VIAL			\$1.66
A4215*		NEEDLES ONLY STERILE ANY SIZE			\$0.96
A4220*		REFILL KIT FOR IMPLANTABLE INFUSION PUMP			BY REPORT
A4221*		SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER PER WEEK			\$20.02
A4222*		SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP PER CASSETTE OR BA			\$39.73
A4230*		INFUSION SET FOR EXTERNAL INSULIN PUMP NON-NEEDLE			BY REPORT
A4231*		INFUSION SET FOR EXTERNAL INSULIN PUMP NEEDLE TYPE			BY REPORT
A4232*		SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP			BY REPORT
A4244*		ALCOHOL OR PEROXIDE PER PINT			\$3.10
A4245*		ALCOHOL WIPES PER BOX			BY REPORT
A4246*		BETADINE OR PHISOHEX SOLUTION PER PINT			BY REPORT
A4247*		BETADINE OR IODINE SWABS/WIPES PER BOX			\$3.49
A4250*		URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRI			BY REPORT
A4253*		BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE			\$40.58
A4254*		REPLACEMENT BATTERY FOR USE W/HOME BLOOD GLUCOSE MONITOR			\$4.70
A4255*		PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR 50 PER BOX			\$3.82
A4256*		NORMAL LOW AND HIGH CALIBRATOR SOLUTION / CHIPS			\$10.08
A4257*		REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN			\$12.36
A4258*		SPRING-POWERED DEVICE FOR LANCET EACH			\$17.12
A4259*		LANCETS PER BOX			\$11.23
A4261		CERVICAL CAP FOR CONTRACEPTIVE USE			BY REPORT
A4265		PARAFFIN			BY REPORT
A4270		DISPOSABLE ENDOSCOPE SHEATH EACH			BY REPORT
A4280		ADHESIVE SKIN SUPPORT ATTACH/USE W/EXTERNAL BREAST PROSTHESI			\$4.60
A4305		DISPOSABLE DRUG DELIVERY SYSTEM FLOW RATE OF 50 ML OR GREAT			\$19.13
A4306		DISPOSABLE DRUG DELIVERY SYSTEM FLOW RATE OF 5 ML OR LESS P			\$19.13
A4310*		INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (AC			\$8.92
A4311*		INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER			BY REPORT

By report payes 90% of billed charges;  
80% for wheelchairs and components.

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A4312*		INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER			BY REPORT
A4313*		INSERTION TRAY W/O DRAINAGE BAG W/INDWELLING CATH FOLEY TYP			BY REPORT
A4314*		INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER F			\$27.58
A4315*		INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER F			BY REPORT
A4316*		INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER F			BY REPORT
A4319*		STERILE WATER IRRIGATION SOLUTION, 1000 ML.			\$5.88
A4320*		IRRIGATION TRAY FOR BLADDER			\$5.31
A4321*		THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION			BY REPORT
A4322*		IRRIGATION SYRINGE BULB OR PISTON			BY REPORT
A4323*		STERILE SALINE IRRIGATION SOLUTION 1000 ML.			BY REPORT
A4324*		MALE EXT CATH W/ADH COATING			\$2.02
A4325*		MALE EXTERNAL CATHETER, WITH ADHESIVE STRIP, EACH.			\$1.68
A4326*		MALE EXTERNAL CATHETER SPECIALTY TYPE EG; INFLATABLE FACE			BY REPORT
A4327*		FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP EACH			BY REPORT
A4328*		FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH EACH			BY REPORT
A4330*		PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE			\$2.26
A4331*		EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR			\$2.96
A4332*		LUBRICANT, INDIVIDUAL STERILE PACKET, EACH.			\$0.12
A4333*		URINARY CATHETER ANCHORING DEVICE, ADHESIVE, EACH.			\$2.05
A4334*		URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH.			\$4.59
A4335*		INCONTINENCE SUPPLY; MISCELLANEOUS			BY REPORT
A4338*		INDWELLING CATHETER; FOLEY TYPE TWO-WAY LATEX WITH COATING			\$11.23
A4340*		INDWELLING CATHETER; SPECIALTY TYPE EG; COUDE MUSHROOM WI			BY REPORT
A4344*		INDWELLING CATHETER FOLEY TYPE TWO-WAY ALL SILICONE			\$9.67
A4346*		INDWELLING CATHETER; FOLEY TYPE THREE WAY FOR CONTINUOUS IR			\$7.00
A4347*		MALE EXTERNAL CATHETER WITH OR WITHOUT ADHESIVE WITH OR WIT			BY REPORT
A4348*		MALE EXTERNAL CATHETER, WITH INTEGRAL COLLECTION COMPARTMENT.			\$25.86
A4351*		INTERMITTENT URINARY CATHETER; STRAIGHT TIP			\$1.51
A4352*		INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP			BY REPORT
A4353*		INTERMITTENT URINARY CATHETER WITH INSERTION SUPPLIES			\$6.50
A4354*		INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER			\$5.49
A4355*		IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THRO			\$6.28
A4356*		EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE EACH			\$50.62
A4357*		BEDSIDE DRAINAGE BAG DAY OR NIGHT WITH OR WITHOUT ANTI REF			\$6.34
A4358*		URINARY LEG BAG; VINYL WITH OR WITHOUT TUBE			\$5.01
A4359*		URINARY SUSPENSORY WITHOUT LEG BAG			\$30.97

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A4360*		DISPOSABLE INCONTINENCE GARMENT (E.G. BRIEF, DIAPER), EACH			\$0.71
A4361*		OSTOMY FACEPLATE			\$9.29
A4362*		OSTOMY SKIN BARRIER SOLID 4 X 4 OR EQUIVALENT			\$8.14
A4364*		OSTOMY SKIN BOND OR CEMENT			\$7.89
A4365*		OSTOMY ADHESIVE REMOVER WIPES 50 PER BOX			\$10.52
A4367*		OSTOMY BELT			\$11.81
A4369*		OSTOMY SKIN BARRIER LIQUID (SPRAY BRUSH ETC) PER OZ.			\$1.91
A4371*		OSTOMY SKIN BARRIER POWDER PER OZ.			\$3.34
A4372*		OSTOMY SKIN BARRIER SOLID 4X4 OR EQUIV STNDRD WEAR EACH			\$3.88
A4373*		OSTOMY SKIN BARRIER W/FLANGE STNDRD WEAR ANY SIZE EACH			\$5.83
A4375*		OSTOMY POUCH DRAINABLE W/ FACEPLATE ATTACHED PLASTIC EACH			\$15.95
A4376*		OSTOMY POUCH DRAINABLE W/ FACEPLATE ATTACHED RUBBER EACH			\$44.20
A4377*		OSTOMY POUCH DRAINABLE FOR USE ON FACEPLATE PLASTIC EACH			\$3.98
A4378*		OSTOMY POUCH DRAINABLE FOR USE ON FACEPLATE RUBBER EACH			\$28.57
A4379*		OSTOMY POUCH URINARY W/ FACEPLATE ATTACHED PLASTIC EACH			\$13.96
A4380*		OSTOMY POUCH URINARY W/ FACEPLATE ATTACHED PLASTIC EACH			\$34.67
A4381*		OSTOMY POUCH URINARY W/ FACEPLATE ATTACHED RUBBER EACH			\$4.29
A4382*		OSTOMY POUCH URINARY FOR USE ON FACEPLATE HEAVY PLASTIC EA			\$22.87
A4383*		OSTOMY POUCH URINARY FOR USE ON FACEPLATE RUBBER EACH			\$26.19
A4384*		OSTOMY FACEPLATE EQUIVALENT SILICONE RING EACH			\$8.94
A4385*		OSTOMY SKIN BARRIER SOLID 4X4 OR EQUIV EXTND WEAR EACH			\$4.73
A4387*		OSTOMY POUCH CLOSED W/STNDRD WEAR BARRIER W/CONVEXITY EACH			\$3.73
A4388*		OSTOMY POUCH DRAINABLE W/EXTND WEAR BARRIER W/OUT CONVEX EA			\$4.05
A4389*		OSTOMY POUCH DRAINABLE W/STNDRD WEAR BARRIER W/CONVEX EACH			\$5.78
A4390*		OSTOMY POUCH DRAINABLE W/EXTND WEAR BARRIER W/CONVEX EACH			\$8.93
A4391*		OSTOMY POUCH URINARY W/EXTND WEAR BARRIER W/OUT CONVEX EACH			\$6.56
A4392*		OSTOMY POUCH URINARY W/STNDRD WEAR BARRIER W/CONVEX EACH			\$6.18
A4393*		OSTOMY POUCH URINARY W/EXTND WEAR BARRIER W/CONVEXITY EACH			\$8.52
A4394*		OSTOMY DEODORANT FOR USE IN OSTOMY POUCH LIQUID PER FL OZ			\$2.40
A4395*		OSTOMY DEODORANT FOR USE IN OSTOMY POUCH SOLID PER TABLET			\$0.05
A4396*		OSTOMY BELT, WITH PERISTOMAL HERNIA SUPPORT.			\$37.61
A4397*		IRRIGATION SUPPLY; SLEEVE			BY REPORT
A4398*		IRRIGATION SUPPLY; BAGS			BY REPORT
A4399*		IRRIGATION SUPPLY; CONE/CATHETER			BY REPORT
A4400*		IRRIGATION SET FOR IRRIGATION OF OSTOMY			\$48.43
A4402*		OSTOMY LUBRICANT - PER OUNCE			\$1.88

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A4404*		OSTOMY RINGS EACH			BY REPORT
A4421*		NOT OTHERWISE CLASSIFIED OSTOMY SUPPLIES			BY REPORT
A4454*		TAPE ALL TYPES ALL SIZES			BY REPORT
A4455*		ADHESIVE REMOVER OR SOLVENT			BY REPORT
A4460*		ELASTIC BANDAGE ACE			BY REPORT
A4462*		ABDOMINAL DRESSING HOLDER/BINDER EACH			BY REPORT
A4464		JOINT SUPPORTIVE DEVICE/GARMENT, ELASTIC OR EQUAL, EACH.			BY REPORT
A4465*		NON-ELASTIC BINDER FOR EXTREMITY			BY REPORT
A4470*		GRAVLEE JET WASHER			BY REPORT
A4480*		VABRA ASPIRATOR			BY REPORT
A4481*		THRACHEOSTOMA FILTER ANY TYPE ANY SIZE EACH			\$0.36
A4483*		MOISTURE EXCHANGER DISP. FOR USE WITH INVASIVE MECH VENTILA			BY REPORT
A4490*		SURGICAL STOCKINGS ABOVE KNEE LENGTH EACH			\$28.81
A4495*		SURGICAL STOCKINGS THIGH LENGTH EACH			\$28.81
A4500*		SURGICAL STOCKINGS BELOW KNEE LENGTH EACH			\$28.81
A4510*		SURGICAL STOCKINGS FULL LENGTH EACH			\$28.81
A4554*		DISPOSABLE UNDERPADS ALL SIZES (E.G. CHUX'S)			\$0.35
A4556		ELECTRODES (E.G. APNEA MONITOR)			\$10.51
A4557		LEAD WIRES (E.G. APNEA MONITOR)			\$15.97
A4558		CONDUCTIVE PASTE OR GEL			BY REPORT
A4561		PESSARY, RUBBER, ANY TYPE.			\$17.93
A4562		PESSARY, NON RUBBER, ANY TYPE.			\$44.63
A4565		SLINGS			\$8.68
A4570		SPLINT			\$23.48
A4572		RIB BELT			BY REPORT
A4575		TOPICAL HYPERBARIC OXYGEN CHAMBER DISPOSABLE			BY REPORT
A4580		CAST SUPPLIES (E.G. PLASTER)			BY REPORT
A4590		SPECIAL CASTING MATERIAL (E.G. FIBERGLASS)			\$21.74
A4595		TENS SUPPLIES 2 LEAD PER MONTH			\$27.37
A4608		TRANSTRACHEAL OXYGEN CATHETER, EACH.			\$56.80
A4611*		BATTERY HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATO			BY REPORT
A4612*		BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR			\$64.38
A4612* RR		BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR			\$6.44
A4613*		BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR			\$116.17
A4613* RR		BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR			\$11.63
A4614*		PEAK EXPIRATORY FLOW RATE METER HAND HELD			\$22.54

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A4615*		CANNULA NASAL			\$2.50
A4616*		TUBING UNSPECIFIED LENGTH			\$0.43
A4617*		MOUTH PIECE			\$0.66
A4618*		BREATHING CIRCUITS			\$3.78
A4620*		VARIABLE CONCENTRATION MASK			\$3.64
A4621*		TRACHEOTOMY MASK OR COLLAR			\$1.90
A4622*		TRACHEOSTOMY OR LARYNGECTOMY TUBE			\$57.83
A4623*		TRACHEOSTOMY INNER CANNULA (REPLACEMENT ONLY)			\$6.19
A4624*		TRACHEAL SUCTION CATHETER ANY TYPE EACH			\$2.71
A4625*		TRACHEOSTOMY CARE OR CLEANING STARTER KIT			\$5.12
A4626*		TRACHEOSTOMY CLEANING BRUSH EACH			BY REPORT
A4627*		SPACER BAG OR RESERVOIR WITH OR WITHOUT MASK FOR USE WITH			BY REPORT
A4628*		OROPHARYNGEAL SUCTION CATHETER EACH			\$3.56
A4629*		TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY			\$4.39
A4630		REPLACEMENT BATTERIES. MEDICALLY NECESSARY T.E.N.S. OWNED B			\$26.74
A4631		REPLACEMENT BATTERIES FOR MEDICALLY NECESSARY ELECTRONIC WH			BY REPORT
A4635		UNDERARM PAD CRUTCH REPLACEMENT EACH			BY REPORT
A4636		REPLACEMENT HANDGRIP CANE CRUTCH OR WALKER EACH			BY REPORT
A4637		REPLACEMENT TIP CANE CRUTCH WALKER EACH.			\$1.69
A4640		REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATIN			\$68.68
A4649		SURGICAL SUPPLY; MISCELLANEOUS			BY REPORT
A4651		CALIBRATED MICROCAPILLARY TUBE, EACH			BY REPORT
A4652		MICROCAPILLARY TUBE SEALANT, EACH			BY REPORT
A4656		NEEDLE, ANY SIZE, FOR DIALYSIS, EACH			BY REPORT
A4657		SYRINGE, WITH OR WITHOUT NEEDLE, FOR DIALYSIS, EACH			BY REPORT
A4660		SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH			BY REPORT
A4663		BLOOD PRESSURE CUFF ONLY			BY REPORT
A4670		AUTOMATIC BLOOD PRESSURE MONITOR			BY REPORT
A4680		ACTIVATED CARBON FILTERS FOR DIALYSIS			BY REPORT
A4690		DIALYZERS (ARTIFICIAL KIDNEYS) ALL BRANDS ALL SIZES PER UNI	Y		BY REPORT
A4706		BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON			BY REPORT
A4707		BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET			BY REPORT
A4708		ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON			BY REPORT
A4709		ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON			BY REPORT
A4712		WATER STERILE			BY REPORT
A4714		TREATED WATER (DEIONIZED DISTILLED REVERSE OSMOSIS)			BY REPORT

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A4719		"Y SET" TUBING FOR PERITONEAL DIALYSIS, EACH			BY REPORT
A4720		DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME			BY REPORT
A4721		DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME			BY REPORT
A4722		DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME			BY REPORT
A4723		DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME			BY REPORT
A4724		DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME			BY REPORT
A4725		DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME			BY REPORT
A4726		DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME			BY REPORT
A4730		FISTULA CANNULATION SET FOR DIALYSIS ONLY			BY REPORT
A4736		TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM			BY REPORT
A4737		INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML			BY REPORT
A4740		SHUNT ACCESSORIES FOR DIALYSIS ONLY			BY REPORT
A4750		BLOOD TUBING ARTERIAL OR VENOUS EACH			BY REPORT
A4755		BLOOD TUBING ARTERIAL AND VENOUS COMBINED			BY REPORT
A4760		DIALYSATE STANDARD TESTING SOLUTION SUPPLIES			BY REPORT
A4765		DIALYSATE CONCENTRATE ADDITIVES EACH			BY REPORT
A4766		DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS,			BY REPORT
A4770		BLOOD TESTING SUPPLIES (E.G. VACUTAINERS AND TUBES)			BY REPORT
A4771		SERUM CLOTTING TIME TUBE PER BOX			BY REPORT
A4772*		DEXTROSTICK OR GLUCOSE TEST STRIPS PER BOX			BY REPORT
A4773		HEMOSTIX PER BOTTLE			BY REPORT
A4774		AMMONIA TEST PAPER PER BOX			BY REPORT
A4801		HEPARIN, ANY TYPE, FOR HEMODIALYSIS, PER 1000 UNITS			BY REPORT
A4802		PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG			BY REPORT
A4860		DISPOSABLE CATHETER CAPS			BY REPORT
A4870		PLUMBING AND/OR ELECTRICAL WORK FOR HOME DIALYSIS EQUIPMENT	Y		BY REPORT
A4890		CONTRACTS REPAIR AND MAINTENANCE FOR HOME DIALYSIS			BY REPORT
A4911		DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH			BY REPORT
A4913		MISCELLANEOUS DIALYSIS SUPPLIES NOT IDENTIFIED ELSEWHERE B			BY REPORT
A4918		VENOUS PRESSURE CLAMPS EACH			BY REPORT
A4927		GLOVES STERILE OR NON-STERILE PER PAIR			BY REPORT
A4928		SURGICAL MASK, FOR DIALYSIS, PER 20			BY REPORT
A4929		TOURNIQUET FOR DIALYSIS, EACH			BY REPORT
A5051*		POUCH CLOSED; WITH BARRIER ATTACHED (1 PIECE)			\$2.50
A5052*		POUCH CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE)			BY REPORT
A5053*		POUCH CLOSED; FOR USE ON FACEPLATE			BY REPORT

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A5054*		POUCH CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE)			\$1.87
A5055*		STOMA CAP			BY REPORT
A5062*		POUCH DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE)			BY REPORT
A5063*		POUCH DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SY			\$2.15
A5071*		POUCH URINARY; WITH BARRIER ATTACHED (1 PIECE)			\$5.87
A5072*		POUCH URINARY; WITHOUT BARRIER ATTACHED (1 PIECE)			BY REPORT
A5073*		POUCH URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE)			\$3.31
A5081*		CONTINENT DEVICE; PLUG FOR CONTINENT STOMA			BY REPORT
A5082*		CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA			BY REPORT
A5093*		OSTOMY ACCESSORY; CONVEX INSERT			\$1.97
A5102*		BEDSIDE DRAINAGE BOTTLE RIGID OR EXPANDABLE			BY REPORT
A5105*		URINARY SUSPENSORY; WITH LEG BAG WITH OR WITHOUT TUBE			BY REPORT
A5112*		URINARY LEG BAG; LATEX			BY REPORT
A5113*		LEG STRAP; LATEX REPLACEMENT ONLY PER SET			BY REPORT
A5114*		LEG STRAP; FOAM OR FABRIC REPLACEMENT ONLY PER SET			\$9.56
A5119*		SKIN BARRIER; WIPES BOX PER 50			\$9.11
A5121*		SKIN BARRIER; SOLID 6 X 6 OR EQUIVALENT EACH			BY REPORT
A5122*		SKIN BARRIER; SOLID 8 X 8 OR EQUIVALENT EACH			BY REPORT
A5126*		ADHESIVE; DISC OR FOAM PAD			BY REPORT
A5131*		APPLIANCE CLEANER INCONTINENCE AND OSTOMY APPLIANCES PER 1			BY REPORT
A5200*		PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE ADHES SKIN ATTA			\$10.70
A5500*		(DIAB.) FITTING CUSTOM PREP AND SUPPLY OF DEPTH-INLAY SHOE		Y	BY REPORT
A5501*		(DIAB.) FITTING/CUSTOM PREP/SUPPLY OF SHOE MOLDED FROM CAST		Y	BY REPORT
A5503*		(DIAB.) MODIF. OF DEPTH-INLAY OR CUST MOLDED SHOE W/ROLLER		Y	BY REPORT
A5504*		(DIAB.) MOD. OF DEPTH-INLAY SHOE OR CUST MOLDED SHOE W/WEDGE		Y	BY REPORT
A5505*		(DIAB.) MOD OF DEPTH-INLAY SHOE OR CUS MOLDED SHOE W/MT BAR		Y	BY REPORT
A5506*		(DIAB.) MOD OF DEPTH-INLAY OR CUS MOLDED SHOE W/OFFSET HEEL		Y	BY REPORT
A5507*		(DIAB.) NOS MOD OF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE		Y	BY REPORT
A5508*		DIABETICS ONLY DELUXE FEATURE OFF-THE-SHELF DEPTH-INLAY SHOE		Y	BY REPORT
A5509*		FOR DIABETICS ONLY, DIRECT FORMED, MOLDED TO FOOT WITH EXTERNAL		Y	BY REPORT
A5510*		FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT		Y	BY REPORT
A5511*		FOR DIABETICS ONLY, CUSTOM-MOLDED FROM MODEL OF PATIENT'S FOOT,		Y	BY REPORT
A6000		NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-			BY REPORT
A6010		COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM OF COLLAGEN			\$29.82
A6020		COLLAGEN BASED WOUND DRESSING, EACH DRESSING			BY REPORT
A6021		COLLAGEN DRESSING, PAD SIZE 16 SQ. IN. OR LESS, EACH.			\$20.49

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications.

Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
A6022		COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ. IN. LESS 48 SQ. IN., EA.			\$19.53
A6023		COLLAGEN DRESSING, PAD SIZE MORE THAN 48 SQ. IN., EACH.			\$176.79
A6024		COLLAGEN DRESSING, WOUND FILLER, PER 6 INCHES.			\$5.75
A6025		SILICONE GEL SHEET EACH			BY REPORT
A6154		WOUND POUCH EACH			BY REPORT
A6196		ALGINATE DRESSING WOUND COVER PAD SIZE 16 SQ IN OR LESS EACH			\$6.83
A6197		ALGINATE DRESSING >16 <= 48 SQ INCHES - EACH DRESSING			\$15.27
A6198		ALGINATE DRESSING PAD SIZE MORE THAN 48 SQ IN EACH			BY REPORT
A6199		ALGINATE DRESSING WOUND FILLER PER 6 INCHES			\$4.91
A6200		COMPOSITE DRESSING PAD SIZE =< 16 SQ IN W/OUT ADHES BORDR			\$9.00
A6201		COMPOSITE DRESSING PAD SIZE>16 & <= 48 SQ IN W/OUT ADH BDR			\$19.71
A6202		COMPOSITE DRESSING PAD SIZE >48 SQ IN W/OUT ADHES BORDER			\$33.06
A6203		COMPOSITE DRESSING 16 SQ IN OR LESS W/ADHESIVE BORDER EACH			\$3.11
A6204		COMPOSITE DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN			\$5.79
A6205		COMPOSITE DRESSING MORE THAN 48 SQ IN ADHESIVE BORDER EACH			\$4.45
A6206		CONTACT LAYER 16 SQ IN OR LESS EACH DRESSING			\$0.94
A6207		CONTACT LAYER MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN EACH			\$6.82
A6208		CONTACT LAYER MORE THAN 48 SQ IN EACH DRESSING			\$3.33
A6209		FOAM DRESSING 16 SQ IN OR LESS W/O ADHESIVE BORDER EACH			\$6.95
A6210		FOAM DRESSING WOUND COVER >16 <= 48 SQ. IN W/O ADHES BORDER			\$18.51
A6211		FOAM DRESSING WOUND COVER >48 SQ IN W/O ADHESIVE BORDER EA			\$27.28
A6212		FOAM DRESSING 16 SQ IN OR LESS W/ADHESIVE BORDER EACH			\$9.01
A6213		FOAM DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN W/ADH			BY REPORT
A6214		FOAM DRESSING MORE THAN 48 SQ IN W/ADHESIVE BORDER EACH			\$9.56
A6215		FOAM DRESSING WOUND FILLER PER GRAM			\$2.27
A6216		GAUZE NON-IMPREGNATED NON-STERILE 16 SQ IN OR LESS W/O ADH B			\$0.05
A6217		GAUZE NON-IMPREGNATED NON-STERILE MORE THAN 16 LESS THAN/EQU			\$0.39
A6218		GAUZE NON-IMPREGNATED NON-STERILE MORE THAN 48 SQ IN W/O ADH			\$0.56
A6219		GAUZE NON-IMPREGNATED 16 SQ IN OR LESS W/ADHESIVE BORDER EA			\$0.89
A6220		GAUZE NON-IMPREGNATED MORE THAN 16 LESS THAN/EQUAL TO 48 SQ			\$2.40
A6221		GAUZE NON-IMPREGNATED MORE THAN 48 SQ IN W/ADHESIVE BORDER E			BY REPORT
A6222		GAUZE IMPREGNATED OTHER THAN WATER OR NORMAL SALINE 16 SQ IN			\$1.98
A6223		GAUZE IMPREGNATED OTHER THAN WATER OR NORMAL SALINE MORE THA			\$2.24
A6224		GAUZE IMPREGNATED OTHER THAN WATER OR NORMAL SALINE MORE THA			\$3.35
A6228		GAUZE IMPREGNATED WATER OR NORMAL SALINE 16 SQ IN OR LESS W			BY REPORT
A6229		GAUZE IMPREGANTED WATER OR NORMAL SALINE MORE THAN 16 LESS T			\$3.35

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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A6230		GAUZE IMPREGNATED WATER OR NORMAL SALINE MORE THAN 48 SQ IN			BY REPORT
A6231		GAUZE, IMPREGNATED, HYDROGEL, PAD SIZE 16 SQ. IN. OR LESS, EACH.			\$4.34
A6232		GAUZE, IMPREGNATED, HYDROGEL, GREATER THAN 16 SQ. IN., EACH.			\$6.40
A6233		GAUZE, IMPREGNATED, HYDROGEL, PAD SIZE MORE THAN 48 SQ. IN., EACH.			\$17.82
A6234		HYDROCOLLOID DRESSING 16 SQ IN OR LESS W/O ADHESIVE BORDER			\$6.08
A6235		HYDROCOLLOID DRESSING MORE THAN 16 SQ IN LESS THAN/EQUAL T			\$15.63
A6236		HYDROCOLLOID DRESSING MORE THAN 48 SQ IN W/O ADHESIVE BORDE			\$25.31
A6237		HYDROCOLLOID DRESSING 16 SQ IN OR LESS W/ADHESIVE BORDER			\$7.34
A6238		HYDROCOLLOID DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ			\$21.17
A6239		HYDROCOLLOID DRESSING MORE THAN 48 SQ IN W/ADHESIVE BORDER			\$17.77
A6240		HYDROCOLLOID DRESSING WOUND FILLER PASTE PER FLUID OUNCE			\$11.38
A6241		HYDROCOLLOID DRESSING WOUND FILLER DRY FORM PER GRAM			\$2.39
A6242		HYDROGEL DRESSING 16 SQ IN OR LESS W/O ADHESIVE BORDER EA			\$5.64
A6243		HYDROGEL DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN			\$11.44
A6244		HYDROGEL DRESSING MORE THAN 48 SQ IN W/O ADHESIVE BORDER			\$36.49
A6245		HYDROGEL DRESSING 16 SQ IN OR LESS W/ADHESIVE BORDER EACH			\$6.75
A6246		HYDROGEL DRESSING MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN			\$9.21
A6247		HYDROGEL DRESSING MORE THAN 48 SQ IN W/ADHESIVE BORDER EA			\$22.09
A6248		HYDROGEL DRESSING WOUND FILLER GEL PER FLUID OUNCE			\$15.09
A6250		SKIN SEALANTS PROTECTANTS MOISTURIZERS OINTMENTS ANY TYPE			BY REPORT
A6251		SPECIALTY ABSORPTIVE DRESSING 16 SQ IN OR LESS W/O ADHESIV			\$1.85
A6252		SPECIALTY ABSORPTIVE DRESSING MORE THAN 16 LESS THAN/EQUAL			\$3.02
A6253		SPECIALTY ABSORPTIVE DRESSING MORE THAN 48 SQ IN W/O ADHES			\$5.89
A6254		SPECIALTY ABSORPTIVE DRESSING 16 SQ IN OR LESS W/ADHESIVE			\$1.13
A6255		SPECIALTY ABSORPTIVE DRESSING MORE THAN 16 LESS THAN/EQUAL			\$2.81
A6256		SPECIALTY ABSORPTIVE DRESSING MORE THAN 48 SQ IN W/ADHESIVE			BY REPORT
A6257		TRANSPARENT FILM 16 SQ. IN. OR LESS EACH DRESSING			\$1.42
A6258		TRANSPARENT FILM MORE THAN 16 LESS THAN/EQUAL TO 48 SQ IN			\$3.99
A6259		TRANSPARENT FILM MORE THAN 48 SQ. IN. EACH DRESSING			\$10.16
A6260		WOUND CLEANSERS ANY TYPE ANY SIZE			BY REPORT
A6261		WOUND FILLER GEL/PASTE PER FLUID OUNCE NOT ELSEWHERE CLAS			BY REPORT
A6262		WOUND FILLER DRY FORM PER GRAM NOT ELSEWHERE CLASSIFIED			BY REPORT
A6263		GAUZE ELASTIC NON STERILE ALL TYPES PER LINEAR YARD			\$0.27
A6264		GAUZE NON-ELASTIC NON-STERILE PER LINEAR YARD			\$0.45
A6266		GAUZE IMPREGNATED OTHER THAN WATER OR NORMAL SALINE ANY W			\$1.78
A6402		GAUZE NON-IMPREGNATED STERILE 16 SQ IN OR LESS W/O ADHESI			\$0.12

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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A6403		GAUZE NON-IMPREGNATED STERILE MORE THAN 16 LESS THAN/EQUAL			\$0.40
A6404		GAUZE NON-IMPREGNATED STERILE MORE THAN 48 SQ IN W/O ADHESIV			BY REPORT
A6405		GAUZE ELASTIC STERILE ALL TYPES PER LINEAR YARD			\$0.31
A6406		GAUZE NON-ELASTIC STERILE ALL TYPES PER LINEAR YARD			\$0.74
A7000		CANISTER DISPOSABLE USED WITH SUCTION PUMP EACH			\$8.86
A7001		CANISTER NON-DISPOSABLE USED WITH SUCTION PUMP EACH			\$30.73
A7002		TUBING USED WITH SUCTION PUMP EACH			\$3.56
A7003		ADMIN SET W/SMALL VOLUME NONFILTERED PNEUMATIC NEB DISPOS		Y	\$2.54
A7004		SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER DISPOSABLE		Y	\$1.68
A7005		ADMIN SET W/SMALL VOLUME NONFILTERED PNEUMATIC NEB NON-DISP		Y	\$28.64
A7006		ADMIN SET W/SMALL VOLUME FILTERED PNEUMATIC NEBULIZER		Y	\$8.86
A7007		LARGE VOLUME NEB DISP UNFILLED USED W/ AEROSOL COMPRESSOR		Y	\$4.29
A7008		LARGE VOLUME NEB DISP PREFILLED USED W/ AEROSOL COMPRESSOR		Y	\$10.22
A7009		RESERVOIR BOTTLE NON-DISPOS USED W/ LG VOL ULTRASONIC NEB		Y	\$39.06
A7010		CORRUGATED TUBING DISPOSABLE USED W/LG VOLUME NEB 100 FT		Y	\$21.92
A7011		CORRUGATED TUBING NON-DISPOS USED W/ LG VOLUME NEB 10 FT		Y	BY REPORT
A7012		WATER COLLECTION DEVICE USED WITH LARGE VOLUME NEBULIZER		Y	\$3.52
A7013		FILTER DISPOSABLE USED WITH AEROSOL COMPRESSOR		Y	\$0.77
A7014		FILTER NON-DISPOS USED W/ AEROSOL COMPRESSOR OR U/S GENERA		Y	\$4.17
A7015		AEROSOL MASK USED WITH DME NEBULIZER		Y	\$1.74
A7016		DOME AND MOUTHPIECE USED W/SM VOLUME ULTRASONIC NEBULIZER		Y	\$6.73
A7017		DURABLE NEB GLASS/AUTOCLAV PLAS BOTTLE TYPE NOT USED W/O2		Y	\$124.53
A7017	RR	DURABLE NEB GLASS/AUTOCLAV PLAS BOTTLE TYPE NOT USED W/O2		Y	\$12.45
A7018		WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML			\$0.36
A7019		SALINE SOLUTION, PER 10 ML, FOR USE WITH INHALATION DRUGS.			\$0.32
A7020		STERILE WATER OR STERILE SALINE, 1000 ML, FOR LRG VOLUME NEBULIZER.			\$2.56
A7501		TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH.			\$97.58
A7502		DIAPHRAGM/FACEPLATE, FOR TRACHEOSTOMA VALVE, EACH.			\$46.37
A7503		FILTER HOLDER OR FILTER CAP, TRACHEOSTOMA HEAT/MOISTURE SYS, EA.			\$10.53
A7504		FILTER, TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH.			\$0.62
A7505		HOUSING, REUSABLE, HEAT AND MOISTURE EXCHANGE SYS OR VALVE, EA.			\$4.34
A7506		ADHESIVE DISC, HEAT AND MOISTURE EXCHANGE SYS OR VALVE, EACH.			\$0.31
A7507		FILTER HOLDER AND INTEGRATED FILTER, WITHOUT ADHESIVE, EACH.			\$2.31
A7508		HOUSING AND INTEGRATED ADHESIVE, EACH.			\$2.67
A7509		FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, EACH.			\$1.31
A9511		SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,			BY REPORT

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

To be used in conjunction with current HCPCS publications.

Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
B4034		ENTERAL FEEDING SUPPLY KIT; SYRINGE PER DAY		Y	\$5.63
B4035		ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY		Y	\$11.73
B4036		ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY		Y	\$7.99
B4081		NASOGASTRIC TUBING WITH STYLET		Y	\$21.45
B4082		NASOGASTRIC TUBING WITHOUT STYLET		Y	\$15.30
B4083		STOMACH TUBE - LEVINE TYPE		Y	\$2.44
B4086		GASTROSTOMY / JEJUNOSTOMY TUBE, ANY MATERIAL, ANY TYPE, (STANDARD		Y	BY REPORT
B4150		ENTERAL FORMULAE; CATEGORY I; SEMI-SYNTHETIC INTACT PROTEIN/		Y	\$0.63
B4151		ENTERAL FORMULAE; CATEGORY I: NATURAL INTACT PROTEIN/PROTEIN		Y	\$1.54
B4152		ENTERAL FORMULAE; CATEGORY II: INTACT PROTEIN/PROTEIN ISOLAT		Y	\$0.55
B4153		ENTERAL FORMULAE; CATEGORY III: HYDROLIZED PROTEIN/AMINO ACI		Y	\$1.85
B4154		ENTERAL FORMULAE; CATEGORY IV: DEFINED FORM FOR SPECIAL NEED		Y	\$2.06
B4155		ENTERAL FORMULAE;CATEGORY V:MODULAR COMPONENTS 100 CAL= 1 UN		Y	BY REPORT
B4156		ENTERAL FORMULAE; CATEGORY VI: STANDARDIZED NUTRIENTS		Y	\$1.40
B4164		PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE) 50		Y	\$17.91
B4168		PARENTERAL NUTRITION SOLUTION; AMINO ACID		Y	\$67.35
B4172		PARENTERAL NUTRITION SOLUTION; AMINO ACID		Y	\$48.59
B4176		PARENTERAL NUTRITION SOLUTION; AMINO ACID		Y	\$78.31
B4178		PARENTERAL NUTRITION SOLUTION: AMINO ACID GREATER THAN 8.5%		Y	\$52.57
B4180		PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE) GRE		Y	\$24.97
B4184		PARENTERAL NUTRITION SOLUTION; LIPIDS 10%		Y	\$83.18
B4186		PARENTERAL NUTRITION SOLUTION LIPIDS		Y	\$101.18
B4189		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR		Y	\$166.24
B4193		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR		Y	\$234.39
B4197		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR		Y	\$303.63
B4199		PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR		Y	\$367.36
B4216		PARENTERAL NUTRITION; ADDITIVES (VITAMINS TRACE ELEMENTS H		Y	\$16.01
B4220		PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY		Y	\$9.53
B4222		PARENTERAL NUTRITION SUPPLY KIT; HOME MIX PER DAY		Y	\$10.13
B4224		PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY		Y	\$21.87
B5000		PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CA		Y	\$10.23
B5100		PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CAR		Y	\$4.34
B5200		PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CA		Y	\$5.12
B9000		ENTERAL NUTRITION INFUSION PUMP WITHOUT ALARM	Y	Y	\$1,011.32
B9000	RR	ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM		Y	\$102.36
B9002		ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	Y	Y	\$1,011.32

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B9002	RR	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM		Y	\$102.36
B9004		PARENTERAL NUTRITION INFUSION PUMP PORTABLE	Y	Y	\$2,017.33
B9004	RR	PARENTERAL NUTRITION INFUSION PUMP - PORTABLE		Y	\$358.27
B9006		PARENTERAL NUTRITION INFUSION PUMP STATIONARY	Y	Y	\$2,017.33
B9006	RR	PARENTERAL NUTRITION INFUSION PUMP STATIONARY		Y	\$358.27
B9998		NOC FOR EXTERNAL SUPPLIES		Y	BY REPORT
B9999		NOC FOR PARENTERAL SUPPLIES		Y	BY REPORT
E0100		CANE INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OR FIXED			\$18.90
E0100	RR	CANE INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OR FIXED			\$4.23
E0105		CANE QUAD OR THREE PRONG INCLUDES CANES OF ALL MATERIALS			\$43.06
E0105	RR	CANE QUAD OR THREE PRONG INCLUDES CANES OF ALL MATERIALS			\$8.35
E0110		CRUTCHES FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS			\$78.74
E0110	RR	CRUTCHES FOREARM INCL CRUTCHES OF VARIOUS MATERIALS PAIR			\$10.54
E0111		CRUTCH FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS			\$46.27
E0111	RR	CRUTCH FOREARM INCL CRUTCHES OF VARIOUS MATERIALS EACH			\$4.64
E0112		CRUTCHES UNDERARM WOOD ADJUSTABLE OR FIXED PAIR WITH PA			\$38.73
E0112	RR	CRUTCHES UNDERARM WOOD ADJUSTABLE OR FIXED PAIR WITH PA			\$7.75
E0113		CRUTCH UNDERAR WOOD ADJ. OR FIXED EA. W/PAD TIP & GRIP			\$69.15
E0113	RR	CRUTCH UNDERARM WOOD ADJUSTABLE OR FIXED EACH WITH PAD			BY REPORT
E0114		CRUTCHES UNDERARM ALUMINUM ADJUSTABLE OR FIXED PAIR WIT			\$81.08
E0114	RR	CRUTCHES UNDERARM ALUMINUM ADJUSTABLE OR FIXED PAIR WIT			\$10.31
E0116		CRUTCH UNDERARM ALUMINUM ADJUSTABLE OR FIXED EACH WITH			\$42.47
E0116	RR	CRUTCH UNDERARM ALUMINUM ADJUSTABLE OR FIXED EACH WITH			\$4.24
E0130		WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT			\$70.83
E0130	RR	WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT			\$17.71
E0135		WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT			\$71.66
E0135	RR	WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT			\$17.91
E0141		WALKER WHEELED WITHOUT SEAT			\$123.05
E0141	RR	WALKER WHEELED WITHOUT SEAT			\$30.76
E0142		RIGID WALKER WHEELED WITH SEAT			BY REPORT
E0142	RR	RIGID WALKER WHEELED WITH SEAT			BY REPORT
E0143		FOLDING WALKER WHEELED WITHOUT SEAT			\$97.77
E0143	RR	FOLDING WALKER WHEELED WITHOUT SEAT			\$24.46
E0144		ENCLOSED FRAMED FOLDING WALKER WHEELED WITH POSTERIOR SEAT			BY REPORT
E0144	RR	ENCLOSED FRAMED FOLDING WALKER WHEELED WITH POSTERIOR SEAT			BY REPORT
E0145		WALKER WHEELED WITH SEAT AND CRUTCH ATTACHMENTS			\$334.54

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
E0145	RR	WALKER WHEELED WITH SEAT AND CRUTCH ATTACHMENTS			\$33.46
E0146		WALKER WHEELED WITH SEAT			\$324.70
E0146	RR	WALKER WHEELED WITH SEAT			\$32.47
E0147		HEAVY DUTY MULTIPLE BREAKING SYSTEM VARIABLE WHEEL RESIST			\$248.96
E0147	RR	HEAVY DUTY MULTIPLE BREAKING SYSTEM VARIABLE WHEEL RESIST			\$33.29
E0148		WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE.			\$118.39
E0148	RR	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE.			\$11.84
E0149		WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE.			\$207.98
E0149	RR	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE.			\$20.79
E0153		PLATFORM ATTACHMENT FOREARM CRUTCH EACH			BY REPORT
E0153	RR	PLATFORM ATTACHMENT FOREARM CRUTCH EACH			BY REPORT
E0154		PLATFORM ATTACHMENT WALKER EACH			BY REPORT
E0154	RR	PLATFORM ATTACHMENT WALKER EACH			BY REPORT
E0155		WHEEL ATTACHMENT RIGID PICK-UP WALKER			BY REPORT
E0155	RR	WHEEL ATTACHMENT RIGID PICK-UP WALKER			BY REPORT
E0156		SEAT ATTACHMENT WALKER			BY REPORT
E0156	RR	SEAT ATTACHMENT WALKER			BY REPORT
E0157		CRUTCH ATTACHMENT WALKER EACH			BY REPORT
E0157	RR	CRUTCH ATTACHMENT WALKER EACH			BY REPORT
E0158		LEG EXTENSIONS FOR A WALKER			BY REPORT
E0158	RR	LEG EXTENSIONS FOR A WALKER			BY REPORT
E0159		BRAKE ATTACHMENT FOR WHEELED WALKER REPLACEMENT EACH			\$16.61
E0160		SITZ TYPE BATH PORTABLE FITS OVER COMMODOE SEAT			\$106.75
E0160	RR	SITZ TYPE BATH PORTABLE FITS OVER COMMODOE SEAT			\$20.97
E0161		SITZ TYPE BATH PORTABLE FITS OVER COMMODOE SEAT			BY REPORT
E0161	RR	SITZ TYPE BATH PORTABLE FITS OVER COMMODOE SEAT			BY REPORT
E0162		SITZ BATH CHAIR			BY REPORT
E0162	RR	SITZ BATH CHAIR			BY REPORT
E0163		COMMODOE CHAIR STATIONARY WITH FIXED ARMS			\$111.46
E0163	RR	COMMODOE CHAIR STATIONARY WITH FIXED ARMS			\$27.87
E0164		COMMODOE CHAIR MOBILE WITH FIXED ARMS			\$272.52
E0164	RR	COMMODOE CHAIR MOBILE FIXED ARMS			\$36.77
E0165		COMMODOE CHAIR STATIONARY WITH DETACHABLE ARMS			\$368.02
E0165	RR	COMMODOE CHAIR STATIONARY WITH DETACHABLE ARMS (CAPPED)			\$37.16
E0166		COMMODOE CHAIR MOBILE WITH DETACHABLE ARMS			\$357.17
E0166	RR	COMMODOE CHAIR MOBILE WITH DETACHABLE ARMS			\$36.44

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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E0167		PAIL OR PAN FOR USE WITH COMMODE CHAIR			\$8.69
E0168		COMMODE CHAIR, HEAVY DUTY, STATIONARY OR MOBILE, WITH/OUT ARMS.			\$140.63
E0168	RR	COMMODE CHAIR, HEAVY DUTY, STATIONARY OR MOBILE, WITH/OUT ARMS.			\$14.06
E0169		COMMODE CHAIR WITH SEAT LIFT MECHANISM			\$442.78
E0169	RR	COMMODE CHAIR WITH SEAT LIFT MECHANISM			\$44.28
E0175		FOOT REST FOR USE WITH COMMODE CHAIR EACH			\$51.01
E0175	RR	FOOT REST FOR USE WITH COMMODE CHAIR EACH			\$5.09
E0176		AIR PRESSURE PAD OR CUSHION NONPOSITIONING		Y	\$107.74
E0177		WATER PRESSURE PAD OR CUSHION NONPOSITIONING		Y	\$107.74
E0177	RR	WATER PRESSURE PAD OR CUSHION NON-POSITIONING		Y	\$10.77
E0178		GEL OR GEL-LIKE PRESSURE PAD OR CUSHION NONPOSITIONING		Y	\$107.74
E0178	RR	GEL PRESSURE PAD OR CUSHION NON-POSITIONING		Y	\$10.77
E0179		DRY PRESSURE PAD OR CUSHION NON-POSITIONING		Y	BY REPORT
E0179	RR	DRY PRESSURE PAD OR CUSHION NON-POSITIONING		y	BY REPORT
E0180		PRESSURE PAD ALTERNATING WITH PUMP		Y	\$249.86
E0180	RR	PRESSURE PAD ALTERNATING WITH PUMP		Y	\$24.98
E0181		PRESSURE PAD ALTERNATING WITH PUMP HEAVY DUTY		Y	\$371.68
E0181	RR	PRESSURE PAD ALTERNATING WITH PUMP HEAVY DUTY		Y	\$37.16
E0182		PUMP FOR ALTERNATING PRESSURE PAD		Y	\$232.15
E0182	RR	PUMP FOR ALTERNATING PRESSURE PAD		Y	\$23.22
E0184		PRESSURE MATTRESS DRY		Y	BY REPORT
E0184	RR	PRESSURE MATTRESS DRY		Y	BY REPORT
E0185		GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STND LENGTH/WIDTH		Y	\$283.54
E0185	RR	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STND LENGTH/WIDTH		Y	\$28.36
E0186		AIR PRESSURE MATTRESS		Y	\$159.07
E0186	RR	AIR PRESSURE MATTRESS		Y	\$15.91
E0187		WATER PRESSURE MATTRESS		Y	\$159.07
E0187	RR	WATER PRESSURE MATTRESS		Y	\$15.91
E0188		SYNTHETIC SHEEPSKIN PAD		Y	BY REPORT
E0189		LAMBSWOOL SHEEPSKIN PAD ANY SIZE		Y	BY REPORT
E0191		HEEL OR ELBOW PROTECTOR EACH		Y	BY REPORT
E0192		LOW PRESSURE & POSITIONING EQUALIZATION PAD FOR WHEELCHAIR		Y	BY REPORT
E0193		POWERED AIR FLOTATION BED(LOW AIR LOSS THERAPY)	Y	Y	\$10,154.71
E0193	RR	POWERED AIR FLOTATION BED(LOW AIR LOSS THERAPY)	Y	Y	\$1,015.46
E0194	RR	AIR FLUDIZED BED	Y	Y	BY REPORT
E0196		GEL PRESSURE MATTRESS		Y	\$254.55

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
E0196	RR	GEL PRESSURE MATTRESS		Y	\$25.46
E0197		AIR PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WIDTH		Y	\$210.44
E0197	RR	AIR PRESSURE PAD FOR MATTRESS		Y	\$29.04
E0198		WATER PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WIDTH		Y	BY REPORT
E0198	RR	WATER PRESSURE PAD FOR MATTRESS		Y	BY REPORT
E0199		DRY PRESSURE PAD FOR MATTRESS STANDARD MATTRESS LENGTH/WIDTH		Y	BY REPORT
E0199	RR	DRY PRESSURE PAD FOR MATTRESS		Y	BY REPORT
E0200		HEAT LAMP WITHOUT STAND (TABLE MODEL) INCLUDES BULB OR			\$47.25
E0200	RR	HEAT LAMP WITHOUT STAND (TABLE MODEL) INCLUDES BULB OR			\$4.72
E0202		PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER			\$502.70
E0202	RR	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER			\$50.27
E0205		HEAT LAMP WITH STAND INCLUDES BULB OR INFRARED			BY REPORT
E0205	RR	HEAT LAMP WITH STAND INCLUDES BULB OR INFRARED			BY REPORT
E0210		ELECTRIC HEAT PAD STANDARD			\$20.55
E0215		ELECTRIC HEAT PAD MOIST			\$71.36
E0217		WATER CIRCULATING HEAT PAD WITH PUMP			BY REPORT
E0217	RR	WATER CIRCULATING HEAT PAD WITH PUMP			BY REPORT
E0218		WATER CIRCULATING COLD PAD WITH PUMP			BY REPORT
E0218	RR	WATER CIRCULATING COLD PAD WITH PUMP			BY REPORT
E0220		HOT WATER BOTTLE			BY REPORT
E0221		INFRARED HEATING PAD SYSTEM	Y		\$2,048.22
E0221	RR	INFRARED HEATING PAD SYSTEM			\$204.82
E0225		HYDROCOLLATOR UNIT INCLUDING PADS			BY REPORT
E0225	RR	HYDROCOLLATOR UNIT INCLUDES PADS			BY REPORT
E0230		ICE CAP OR COLLAR			BY REPORT
E0231		NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT, AC			BY REPORT
E0231	RR	NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT, AC			BY REPORT
E0232		WARMING CARD FOR USE WITH THE NON CONTACT WOUND WARMING DEVICE			BY REPORT
E0235		PARAFFIN BATH UNIT PORTABLE (SEE MEDICAL SUPPLY CODE A4265			\$189.26
E0235	RR	PARAFFIN BATH UNIT PORTABLE (SEE MEDICAL SUPPLY CODE A4265			\$18.92
E0236		PUMP FOR WATER CIRCULATING PAD			BY REPORT
E0236	RR	PUMP FOR WATER CIRCULATING PAD			BY REPORT
E0238		NON-ELECTRIC HEAT PAD MOIST			BY REPORT
E0238	RR	NON-ELECTRIC HEAT PAD MOIST			BY REPORT
E0239		HYDROCOLLATOR UNIT PORTABLE			BY REPORT
E0239	RR	HYDROCOLLATOR UNIT PORTABLE			BY REPORT

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E0244		RAISED TOILET SEAT			\$58.93
E0245		TUB STOOL OR BENCH			\$59.28
E0245	RR	TUB STOOL OR BENCH			\$18.75
E0249		PAD FOR WATER CIRCULATING HEAT UNIT			BY REPORT
E0249	RR	PAD FOR WATER CIRCULATING HEAT UNIT			BY REPORT
E0250		HOSPITAL BED W/ 2 SIDE RAILS FIXED HEIGHT WITH MATTRESS	Y	Y	\$961.89
E0250	RR	HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT WITH MATTRESS		Y	\$96.19
E0251		HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT W/OUT MATTRESS	Y	Y	\$610.89
E0251	RR	HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT WITHOUT MATTRE		Y	\$61.09
E0255		HOSP BED W/ 2 SIDE RAILS VARIABLE HEIGHT HI-LO W/MATTRESS	Y	Y	\$1,058.11
E0255	RR	HOSPITAL BED W SIDE RAILS VARIABLE HEIGHT HI-LO W MATRES		Y	\$105.81
E0256		HOSP BED VAR HT HI-LO W/ANY TYPE SIDE RAILS W/OUT MATTRE	Y	Y	\$768.52
E0256	RR	HOSP BED VARIABLE HGT HI-LO WITH SIDE RAILS W/O MATTRESS		Y	\$76.85
E0260		HOSP BED W/ 2 SIDE RAILS SEMI-ELECTRIC W/ MATTRESS	Y	Y	\$1,474.81
E0260	RR	HOSPITAL BED W SIDE RAILS SEMI ELECTRIC HEAD & FOOT ADJUS		Y	\$147.47
E0261		HOSP BED SEMI-ELECTRIC W/ANY TYPE SIDE RAILS W/OUT MATTRE	Y	Y	\$1,208.58
E0261	RR	HOSP BED SEMIELECT(HEAD & FOOT ADJ) WITH SIDE RAILS W/O MAT		Y	\$120.86
E0265		HOSPITAL BED TOTAL ELECTRIC WITH 2 SIDERAILS	Y	Y	\$1,648.72
E0265	RR	HOSPITAL BED TOTAL ELECTRIC WITH SIDERAILS WITH MATTRESS		Y	\$164.88
E0266		HOSP BED W/SIDE RAILS TOTAL ELECTRIC W/OUT MATTRESS	Y	Y	\$1,474.81
E0266	RR	HOSPITAL BED WITH SIDE RAILS TOTAL ELECTRIC HEAD FOOT A		Y	\$147.47
E0271		MATTRESS INNERSPRING		Y	\$135.93
E0272		MATTRESS FOAM RUBBER		Y	BY REPORT
E0273		BED BOARD		Y	BY REPORT
E0275		BED PAN STANDARD METAL OR PLASTIC			\$13.04
E0276		BED PAN FRACTURE METAL OR PLASTIC			\$9.00
E0277		POWERED PRESSURE-REDUCING AIR MATTRESS	Y	Y	\$7,654.14
E0277	RR	ALTERNATING PRESSURE MATTRESS	Y	Y	\$765.41
E0280		BED CRADLE ANY TYPE	Y	Y	BY REPORT
E0280	RR	BED CRADLE ANY TYPE		Y	BY REPORT
E0290		HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS WITH MATTRESS	Y	Y	\$745.80
E0290	RR	HOSP BED FIXED HEIGHT W/O SIDE RAILS WITH MATTRESS		Y	\$74.58
E0291		HOSPITAL BED FIXED HEIGHT W/OUT SIDE RAILS W/OUT MATTRESS	Y	Y	\$533.20
E0291	RR	HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS OR MATTRESS		Y	\$53.32
E0292		HOSPITAL BED VAR HT HI-LO W/OUT SIDE RAILS W/MATTRESS	Y	Y	\$948.89
E0292	RR	HOSP BED VARIABLE HGT HI-LO W/O WIDE RAILS WITH MATTRESS		Y	\$94.89

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E0293		HOSP BED VARIABLE HT HI-LO W/OUT SIDE RAILS OR MATTRESS	Y	Y	\$833.22
E0293	RR	HOSP BED VARIABLE HEIGHT HI-LO W/O SIDE RAILS OR MATTRESS		Y	\$83.36
E0294		HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/MATTRESS	Y	Y	\$1,412.88
E0294	RR	HOSP BED SEMI ELECT(HEAD /FOOT) W/O SIDE RAILS WITH MATTRE		Y	\$141.29
E0295		HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS	Y	Y	\$1,412.88
E0295	RR	HOSPITAL BED SEMI-ELEC(HEAD/FOOT) W/O SIDE RAILS OR MATTRES		Y	\$141.29
E0296		HOSP BED TOTAL ELECTRIC W/O SIDE RAILS WITH MATTRESS	Y	Y	\$1,970.25
E0296	RR	HOSP BED TOTAL ELEC WITHOUT SIDE RAILS WITH MATTRESS		Y	\$197.02
E0297		HOSP BED TOTAL ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS	Y	Y	\$1,757.64
E0297	RR	HOSP BED TOOTAL ELECTRIC W/O SIDE RAILS OR MATTRESS		Y	\$175.77
E0305		BED SIDE RAILS HALF LENGTH EACH		Y	\$152.31
E0305	RR	HOSPITAL BED SIDE RAILS HALF LENGTH (EACH)		Y	\$15.22
E0310		BEDSIDE RAILS FULL-LENGTH		Y	\$152.31
E0310	RR	HOSPITAL BED SIDE RAILS FULL LENGTH (EACH)		Y	\$15.22
E0315		BED ACCESSORIES: BOARDS OR TABLES ANY TYPE		Y	BY REPORT
E0315	RR	BED ACCESSORIES: BOARDS OR TABLES ANY TYPE		Y	BY REPORT
E0316		SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY	Y	Y	\$1,860.24
E0316	RR	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY		Y	\$186.02
E0325		URINAL MALE ANY MATERIAL			\$20.20
E0326		URINAL FEMALE ANY MATERIAL			BY REPORT
E0350		CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYST			BY REPORT
E0350	RR	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYST			BY REPORT
E0352		DISPOSABLE PACK FOR USE W/ELECTRONIC BOWEL EVAC/IRRIG SYSTEM			BY REPORT
E0370		AIR PRESSURE ELEVATOR FOR HEEL			BY REPORT
E0371		NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS	Y	Y	\$4,512.53
E0371	RR	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS	Y	Y	\$372.32
E0372		POWERED AIR OVERLAY FOR MATTRESS STD MATTRESS LGTH & WIDTH	Y	Y	\$5,475.81
E0372	RR	POWERED AIR OVERLAY FOR MATTRESS STANDARD LENGTH/WIDTH	Y	Y	\$451.80
E0373		NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Y	Y	\$6,272.52
E0373	RR	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	Y	Y	\$517.53
E0424	NF	STN O2 COMP GAS SYS RENT CONTENT AND SUPPLIES		Y	\$198.72
E0424*	RR	STN O2 COMP GAS SYS RENT CONTENT AND SUPPLIES UNIT=50CF.		Y	\$226.53
E0425*		STN O2 COMP GAS SYS PURCHASE INCLUDES ALL SUPPLIES		Y	\$253.18
E0431*	RR	PORT GAS O2 SYS RENTAL MC REG FLOW HUMID CANNULA MASK TUBING		Y	\$47.91
E0431	NF	PORT GAS O2 SYS RENTAL MC REG FLOW HUMID CANNULA MASK TUBING		Y	\$49.19
E0434*	RR	PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUPPLIES		Y	\$47.91

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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E0434	NF	PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUPPLIES		Y	\$49.19
E0439	NF	STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES		Y	\$198.72
E0439*	RR	STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES UNIT=10LB		Y	\$226.53
E0441*		O2 CONT GAS PER UNIT=50CF USE WITH OWNED STN/PORT OR BOTH		Y	\$165.93
E0442*		O2 CONT LIQ PER UNIT=10LB USE WITH OWNED STN/PORT OR BOTH		Y	\$165.93
E0443*		PORT O2 CONT GAS UNIT =5 CF USE ONLY WITH PORT GAS SYS		Y	\$24.54
E0444*		PORT O2 CONT LIQ UNIT=1LB USE ONLY WITH PORT LIQ SYS		Y	\$24.54
E0450*	RR	VOLUME VENTILATOR STATIONARY OR PORTABLE; INCL. BACKUP UNIT	Y	Y	\$987.17
E0450	NF	VOLUME VENTILATOR STATIONARY OR PORTABLE; INCL. BACKUP UNIT		Y	\$1,013.52
E0457*	RR	CHEST SHELL (CUIRASS)		Y	\$41.38
E0459*		CHEST WRAP		Y	\$365.14
E0459*	RR	CHEST WRAP		Y	\$36.52
E0460	NF	NEGATIVE PRESSURE PUMP		Y	\$573.48
E0460*	RR	NEGATIVE PRESSURE PUMP		Y	\$558.57
E0462*		ROCKING BED WITH OR WITHOUT SIDE RAILS	Y	Y	\$2,250.22
E0462*	RR	ROCKING BED WITH OR WITHOUT SIDERAILS		Y	\$225.02
E0480*		PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL		Y	\$353.11
E0480*	RR	PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL		Y	\$35.32
E0481		INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED		Y	BY REPORT
E0481	RR	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED		Y	BY REPORT
E0482		COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY	Y	Y	\$3,757.98
E0482	RR	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY	Y	Y	\$375.80
E0500*		IPPB MACHINES WITH MANUAL VALVES EXTERNAL POWER SOURCE INCL		Y	\$837.78
E0500*	RR	IPPB MACHINES WITH MANUAL VALVES EXTERNAL POWER SOURCE INCL		Y	\$70.59
E0550*		HUMIDIFIER DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATIO		Y	\$96.15
E0550*	RR	HUMIDIFIER DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATIO		Y	\$18.88
E0560*		HUMIDIFIER FOR IPPB TREATMENT OR OXYGEN DELIVERY		Y	\$45.88
E0560*	RR	HUMIDIFIER DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING		Y	\$4.77
E0565*		COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF		Y	\$550.64
E0565*	RR	COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF		Y	\$55.06
E0570*		NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID		Y	\$119.47
E0570*	RR	NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID		Y	\$11.95
E0571		AEROSOL COMPRESSOR, BATTERY POWERED, SMALL VOLUME NEBULIZER.			\$253.24
E0571	RR	AEROSOL COMPRESSOR, BATTERY POWERED, SMALL VOLUME NEBULIZER.			\$25.32
E0572		AEROSOL COMPRESSOR, ADJUSTABLE, LIGHT DUTY FOR INTERMITTENT USE.			\$321.81
E0572	RR	AEROSOL COMPRESSOR, ADJUSTABLE, LIGHT DUTY FOR INTERMITTENT USE.			\$32.18

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E0574		ULTRASONIC GENERATOR, WITH SMALL VOLUME ULTRASONIC NEBULIZER.			\$340.12
E0574	RR	ULTRASONIC GENERATOR, WITH SMALL VOLUME ULTRASONIC NEBULIZER.			\$34.01
E0575*		NEBULIZER SELF-CONTAINED ULTRASONIC		Y	\$462.94
E0575*	RR	NEBULIZER SELF-CONTAINED ULTRASONIC		Y	\$45.97
E0580*		NEBULIZER DURABLE GLASS OR AUTOCLAVABLE PLASTIC BOTTLE		Y	\$6.31
E0585*		NEBULIZER WITH COMPRESSOR AND HEATER		Y	\$402.11
E0585*	RR	NEBULIZER WITH COMPRESSOR AND HEATER		Y	\$40.21
E0600*		SUCTION PUMP HOME MODEL PORTABLE		Y	\$547.81
E0600*	RR	SUCTION PUMP HOME MODEL PORTABLE		Y	\$54.78
E0601*		NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVISE	Y	Y	\$1,197.87
E0601*	RR	NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE		Y	\$119.97
E0603	RR	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE, 3-MONTH MAX RENTAL			\$97.27
E0605*		VAPORIZER ROOM TYPE			\$21.86
E0606*	RR	POSTURAL DRAINAGE BOARD			\$14.48
E0607*		HOME BLOOD GLUCOSE MONITOR			\$96.08
E0608		APNEA MONITOR	Y	Y	\$2,129.92
E0608	RR	APNEA MONITOR		Y	\$212.99
E0610		PACEMAKER MONITOR SELF-CONTAINED (CHECKS BATTERY DEPLETIO			BY REPORT
E0615		PACEMAKER MONITOR SELF CONTAINED CHECKS BATTERY DEPLETION			BY REPORT
E0620		SKIN PIERCING DEVICE FOR COLLECTION OF CAPILLARY BLOOD, LASER, EACH			\$847.45
E0621		SLING OR SEAT PATIENT LIFT CANVAS OR NYLON			BY REPORT
E0625		PATIENT LIFT KARTOP BATHROOM OR TOILET			BY REPORT
E0625	RR	PATIENT LIFT KARTOP BATHROOM OR TOILET			BY REPORT
E0627		SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHA		Y	\$270.16
E0628		SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURN		Y	\$270.16
E0628	RR	SEPARATE SEAT LFT MECH FOR USE WITH PATIENT OWNER FURN-ELEC		Y	\$27.01
E0629		SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED		Y	\$270.16
E0629	RR	SEPARATE SEAT LIFT MECH FOR USE WITH PAT OWNED FURN-NON-ELEC		Y	\$27.01
E0630		PATIENT LIFT HYDRAULIC WITH SEAT OR SLING			\$967.32
E0630	RR	PATIENT LIFT HYDRAULIC WITH SEAT OR SLING			\$96.73
E0635		PATIENT LIFT ELECTRIC WITH SEAT OR SLING	Y		\$1,238.57
E0635	RR	PATIENT LIFT CHAIR ELECTRIC WITH SEAT OR SLING			\$123.86
E0650		PNEUMATIC COMPRESSOR NON-SEGMENTAL HOME MODEL			BY REPORT
E0650	RR	PNEUMATIC COMPRESSOR NON-SEGMENTAL HOME MODEL			BY REPORT
E0651		PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/O CALIBRATED			BY REPORT
E0651	RR	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/O CALIBRATED			BY REPORT

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E0652		PLEUMATIC COMPRESSOR SEGMENTAL HOME MODEL WITH CALIBRATED			BY REPORT
E0652	RR	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/CALIBRATED GRAD			BY REPORT
E0655		PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF			BY REPORT
E0655	RR	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF			BY REPORT
E0660		PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL			BY REPORT
E0660	RR	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL			BY REPORT
E0665		PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL			BY REPORT
E0665	RR	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL			BY REPORT
E0666		PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF			BY REPORT
E0666	RR	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF			BY REPORT
E0667		PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR LEG			BY REPORT
E0667	RR	PNEUMATIC APPLIANCE FOR USE W/COMPRESSPR LEG			BY REPORT
E0668		PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR ARM			BY REPORT
E0668	RR	PNEUMATIC APPLIANCE FOR USE W/COMPRESSOR ARM			BY REPORT
E0669		PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR HALF LEG			BY REPORT
E0669	RR	PNEUMATIC APPLIANCE FOR USE W/COMPRESSOR HALF LEG			BY REPORT
E0671		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL LEG			BY REPORT
E0671	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL LEG			BY REPORT
E0672		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL ARM			BY REPORT
E0672	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL ARM			BY REPORT
E0673		SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE HALF LEG			BY REPORT
E0673	RR	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE HALF LEG			BY REPORT
E0690	RR	ULTRAVIOLET CABINET (PHOTOTHERAPY BOX/BLANKET) FOR HOME USE			\$304.57
E0700		SAFETY EQUIPMENT (E.G. BELT HARNESS OR VEST)			BY REPORT
E0700	RR	SAFETY EQUIPMENT (E.G. BELT HARNESS OR VEST)			BY REPORT
E0710		RESTRAINTS ANY TYPE (BODY CHEST WRIST OR ANKLE)			BY REPORT
E0710	RR	RESTRAINTS ANY TYPE (BODY CHEST WRIST OR ANKLE)			BY REPORT
E0720		TENS TWO LEAD LOCALIZED STIMULATION			\$486.52
E0720	RR	TENS TWO LEAD LOCALIZED STIMULATION			\$48.64
E0730		TENS FOUR LEAD LARGER AREA/MULTIPLE NERVE STIMULATION			\$584.19
E0730	RR	TENS FOUR LEAD LARGER AREA/MULTIPLE NERVE STIMULATION			\$58.42
E0731		FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS			BY REPORT
E0731	RR	FORMFITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS			BY REPORT
E0740		REPLACEMENT BATTERIES FOR MEDICALLY NECESSARY TENS OWNED			BY REPORT
E0740	RR	REPLACEMENT BATTERIES FOR MEDICALLY NECESSARY TENS OWNED			BY REPORT
E0744		NEUROMUSCULAR STIMULATOR FOR SCOLOSIS			\$717.76

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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E0744	RR	NEUROMUSCULAR STIMULATOR FOR SCOLOSIS			\$71.77
E0745		NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT NON-CLINIC			\$989.00
E0745	RR	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT NON-CLINIC			\$98.91
E0746	RR	ELECTROMYOGRAPHY (EMG) BIOFEEDBACK DEVICE			BY REPORT
E0747		OSTEOGENESIS STIMULATOR (NON-INVASIVE)	Y		\$3,349.98
E0747	RR	OSTEOGENESIS STIMULATOR (NON-INVASIVE)			\$335.00
E0748		OSTEOGENIC STIMULATOR NONINVASIVE SPINAL APPLICATIONS			\$3,328.27
E0748	RR	OSTEOGENIC STIMULATOR NONINVASIVE SPINAL APPLICATIONS			\$332.83
E0749		OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANTED)	Y		\$2,271.28
E0749	RR	OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANTED)			\$227.14
E0752		IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH			\$365.53
E0754		PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE			\$833.49
E0755		ELECTRONIC SALIVARY REFLEX STIMULATOR(INTRAORAL/NONINVASIVE)			BY REPORT
E0759		RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE			\$617.41
E0760		OSTEOGENESIS STIMULATOR LOW INTENSITY ULTRASOUND NON-INVASI			BY REPORT
E0765		NERVE STIMULATOR FOR TREATMENT OF NAUSEA AND VOMITING.	Y		BY REPORT
E0765	RR	NERVE STIMULATOR FOR TREATMENT OF NAUSEA AND VOMITING.	Y		BY REPORT
E0776		IV POLE			\$132.00
E0776	RR	IV POLE RENTAL			\$23.55
E0779		AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION => 8 HRS.			\$140.94
E0779	RR	AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION => 8 HRS.			\$14.09
E0780		AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION < 8 HRS.			\$140.94
E0780	RR	AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION < 8 HRS.			\$14.09
E0781		EXTERNAL AMBULATORY INFUSION PUMP W/ADMIN EQUIP	Y	Y	\$2,468.53
E0781	RR	EXTERNAL AMBULATORY INFUSION PUMP W/ADMIN EQUIP		Y	\$246.85
E0782		INFUSION PUMP IMPLANTABLE	Y		\$2,999.18
E0782	RR	INFUSION PUMP IMPLANTABLE			\$299.92
E0783		INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE (INC COMPONE			BY REPORT
E0783	RR	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE (INC COMPONE			BY REPORT
E0784		EXTERNAL AMBULATORY INFUSION PUMP INSULIN			BY REPORT
E0785		IMPLANTABLE INTRASPINAL CATH USED W/INFUSION PUMP REPLACEMT			\$403.32
E0791		PARENTERAL INFUSION PUMP STATIONARY	Y	Y	\$2,478.35
E0791	RR	PARENTERAL INFUSION PUMP STATIONARY		Y	\$247.83
E0830		AMBULATORY TRACTION DEVICE, ALL TYPES, EACH.			BY REPORT
E0830	RR	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH.			BY REPORT
E0840		TRACTION FRAME ATTACHED TO HEADBOARD SIMPLE CERVICAL			\$42.04

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E0840	RR	TRACTION FRAME ATTACHED TO HEADBOARD SIMPLE CERVICAL TRACT			\$4.20
E0850		TRACTION STAND FREE STANDING SIMPLE CERVICAL TRACTION			\$30.97
E0850	RR	TRACTION STAND FREE STANDING SIMPLE CERVICAL TRACTION			\$3.10
E0855		CERVICAL TRACTION EQUIP. NOT REQUIRING ADD'L STAND OR FRAME			BY REPORT
E0855	RR	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADD'L STAND/FRAME			BY REPORT
E0860		TRACTION EQUIPMENT OVERDOOR CERVICAL			\$30.97
E0860	RR	TRACTION EQUIPMENT OVERDOOR CERVICAL			\$3.10
E0870		TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE EXTREMITY			\$60.10
E0870	RR	TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE EXTREMITY			\$6.01
E0880		TRACTION STAND FREE STANDING SIMPLE EXTREMITY TRACTION			\$108.56
E0880	RR	TRACTION STAND FREE STANDING SIMPLE EXTREMITY TRACTION			\$21.65
E0890		TRACTION FRAME ATTACHED TO FOOTBOARD PELVIC TRACTION			\$214.42
E0890	RR	TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE PELVIC TRACTIO			\$21.45
E0900		TRACTION STAND FREE STANDING SIMPLE PELVIC TRACTION (E.G			\$313.01
E0900	RR	TRACTION STANDARD FREESTANDING SIMPLE PELVIC (BUCKS)			\$39.14
E0910		TRAPEZE BARS A/K/A PATIENT HELPER ATTACHED TO BED WITH G			\$203.50
E0910	RR	TRAPEZE BARS A/K/A PATIENT HELPER ATTACHED TO BED WITH G			\$20.35
E0920		FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS			\$491.33
E0920	RR	FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS			\$49.13
E0930		FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS			\$601.16
E0930	RR	FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS			\$60.12
E0935	RR	PASSIVE MOTION EXERCISE DEVICE			BY REPORT
E0940		TRAPEZE BAR FREE STANDING COMPLETE WITH GRAB BAR			\$280.17
E0940	RR	TRAPEZE BAR FREE STANDING WITH GRAB BAR			\$28.01
E0941		GRAVITY ASSISTED TRACTION DEVICE ANY TYPE			BY REPORT
E0941	RR	GRAVITY ASSISTED TRACTION DEVICE ANY TYPE			BY REPORT
E0942		CERVICAL HEAD HARNESS/HALTER			BY REPORT
E0942	RR	CERVICAL HEAD HARNESS/HALTER			BY REPORT
E0943		CERVICAL PILLOW			BY REPORT
E0944		PELVIC BELT/HARNESS/BOOT			BY REPORT
E0944	RR	PELVIC BELT/HARNESS/BOOT			BY REPORT
E0945		EXTREMITY BELT/HARNESS			BY REPORT
E0945	RR	EXTREMITY BELT/HARNESS			BY REPORT
E0946		FRACTURE FRAME DUAL WITH CROSS BARS ATTACHED TO BED (E.			BY REPORT
E0946	RR	FRACTURE FRAME DUAL WITH CROSS BARS ATTACHED TO BED (E.			BY REPORT
E0947		FRACTURE FRAME ATTACHMENTS FOR COMPLEX PELVIC TRACTION			BY REPORT

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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E0947	RR	FRACTURE FRAME ATTACHMENTS FOR COMPLEX PELVIC TRACTION			BY REPORT
E0948		FRACTURE FRAME ATTACHMENTS FOR COMPLEX CERVICAL TRACTION			BY REPORT
E0948	RR	FRACTURE FRAME ATTACHMENTS FOR COMPLEX CERVICAL TRACTION			BY REPORT
E0950		TRAY		Y	BY REPORT
E0951		LOOP HEEL EACH		Y	BY REPORT
E0952		LOOP TOE EACH		Y	BY REPORT
E0953		PNEUMATIC TIRE EACH		Y	BY REPORT
E0954		SEMI-PNEUMATIC CASTER EACH		Y	BY REPORT
E0958		WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR		Y	BY REPORT
E0958	RR	WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR		Y	BY REPORT
E0959		AMPUTEE ADAPTER (DEVICE USED TO COMPENSATE FOR TRANSFER OF		Y	BY REPORT
E0961		BRAKE EXTENSION FOR WHEELCHAIR		Y	BY REPORT
E0962		1" CUSHION FOR WHEELCHAIR		Y	BY REPORT
E0963		2" CUSHION FOR WHEELCHAIR		Y	BY REPORT
E0964		3" CUSHION FOR WHEELCHAIR		Y	BY REPORT
E0965		4" CUSHION FOR WHEELCHAIR		Y	BY REPORT
E0966		HOOK ON HEAD REST EXTENSION		Y	BY REPORT
E0967		WHEELCHAIR HAND RIMS WITH 8 VERTICAL RUBBER TIPPED		Y	BY REPORT
E0968		COMMODE SEAT WHEELCHAIR		Y	BY REPORT
E0968	RR	COMMODE SEAT WHEELCHAIR		Y	BY REPORT
E0969		NARROWING DEVICE WHEELCHAIR		Y	BY REPORT
E0969	RR	NARROWING DEVICE WHEELCHAIR		Y	BY REPORT
E0970		NO.2 FOOTPLATES EXCEPT FOR ELEVATING LEG REST		Y	BY REPORT
E0971		ANTI-TIPPING DEVICE WHEELCHAIRS		Y	BY REPORT
E0972		TRANSFER BOARD OR DEVICE		Y	BY REPORT
E0973		ADJUSTABLE HEIGHT DETACHABLE ARMS DESK OR FULL LENGTH		Y	BY REPORT
E0974		GRADE-AID (DEVICE TO PREVENT ROLLING BACK ON AN INCLINE)		Y	BY REPORT
E0975		REINFORCED SEAT UPHOLSTERY WHEELCHAIR		Y	BY REPORT
E0976		REINFORCED BACK UPHOLSTERY WHEELCHAIR		Y	BY REPORT
E0977		WEDGE CUSHION WHEELCHAIR		Y	BY REPORT
E0978		BELT SAFETY WITH AIRPLANE BUCKLE WHEELCHAIR		Y	BY REPORT
E0979		BELT SAFETY WITH VELCRO CLOSURE WHEELCHAIR		Y	BY REPORT
E0980		SAFETY VEST WHEELCHAIR		Y	BY REPORT
E0990		ELEVATING LEG REST EACH		Y	BY REPORT
E0990	RR	ELEVATING LEG REST EACH		Y	BY REPORT
E0991		UPHOLSTERY SEAT		Y	BY REPORT

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
E0992		SOLID SEAT INSERT		Y	BY REPORT
E0993		BACK UPHOLSTERY		Y	BY REPORT
E0994		ARM REST EACH		Y	BY REPORT
E0995		CALF REST EACH		Y	BY REPORT
E0996		TIRE SOLID EACH		Y	BY REPORT
E0997		CASTER WITH A FORK		Y	BY REPORT
E0998		CASTER WITHOUT FORK		Y	BY REPORT
E0999		PNEUMATIC TIRE WITH WHEEL		Y	BY REPORT
E1000		TIRE PNEUMATIC CASTER		Y	BY REPORT
E1001		WHEEL SINGLE		Y	BY REPORT
E1031		ROLLABOUT CHAIR ANY AND ALL TYPES WITH CASTORS 5" OR GREATER		Y	BY REPORT
E1031	RR	ROLLABOUT CHAIR ANY AND ALL TYPES W/CASTORS 5" OR GREATER		Y	BY REPORT
E1035		MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT			BY REPORT
E1035	RR	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT			BY REPORT
E1050		FULLY-RECLINING WHEELCH FIXED FULL LENGTH ARMS SWING AWAY		Y	BY REPORT
E1050	RR	FULLY-RECLINING WHEELCHR FIXED FULL LENGTH ARMS SWING AWAY		Y	BY REPORT
E1060		FULLY-RECLINING WHEELCHAIR DETACHABLE ARMS DESK OR FULL		Y	BY REPORT
E1060	RR	FULLY-RECLINING WHEELCHAIR DETACHABLE ARMS DESK OR FULL		Y	BY REPORT
E1065		POWER ATTACHMENT (TO CONVERT ANY WHEELCHAIR TO MOTORIZED		Y	BY REPORT
E1066		BATTERY CHARGER		Y	BY REPORT
E1069		DEEP CYCLE BATTERY		Y	BY REPORT
E1070		FULLY-RECLINING WHEELCHAIR DETACHABLE ARMS (DESK OR FULL		Y	BY REPORT
E1070	RR	FULLY-RECLINING WHEELCHAIR DETACHABLE ARMS (DESK OR FULL		Y	BY REPORT
E1083		HEMI-WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACH		Y	BY REPORT
E1083	RR	HEMI-WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACH		Y	BY REPORT
E1084		HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH ARMS		Y	BY REPORT
E1084	RR	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH ARMS		Y	BY REPORT
E1085		HEMI-WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACH		Y	BY REPORT
E1085	RR	HEMI-WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACH		Y	BY REPORT
E1086		HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH		Y	BY REPORT
E1086	RR	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH		Y	BY REPORT
E1087		HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR FIXED FULL LENGTH ARMS		Y	BY REPORT
E1087	RR	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR FIXED FULL LENGTH ARMS		Y	BY REPORT
E1088		HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS DESK OR		Y	BY REPORT
E1088	RR	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS DESK OR		Y	BY REPORT
E1089		HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR FIXED LENGTH ARMS		Y	BY REPORT

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E1089	RR	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR FIXED LENGTH ARMS		Y	BY REPORT
E1090		HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS DESK OR		Y	BY REPORT
E1090	RR	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS DESK O		Y	BY REPORT
E1091		YOUTH WHEELCHAIR ANY TYPE		Y	BY REPORT
E1091	RR	YOUTH WHEELCHAIR ANY TYPE		Y	BY REPORT
E1092		WIDE HEAVY DUTY WHEEL CHAIR DETACHABLE ARMS DESK OF FULL		Y	BY REPORT
E1092	RR	WIDE HEAVY DUTY WHEEL CHAIR DETACHABLE ARMS DESK OF FULL		Y	BY REPORT
E1093		WIDE HEAVY DUTY WHEELCHAIR DETACHABLE ARMS DESK OR FULL		Y	BY REPORT
E1093	RR	WIDE HEAVY DUTY WHEELCHAIR DETACHABLE ARMS DESK OR FULL		Y	BY REPORT
E1100		SEMI-RECLINING WHEELCHAIR FIXED FULL LENGTH ARMS SWING		Y	BY REPORT
E1100	RR	SEMI-RECLINING WHEELCHAIR FIXED FULL LENGTH ARMS SWING AW		Y	BY REPORT
E1110		SEMI-RECLINING WHEELCHAIR DETACHABLE ARMS (DESK OR FULL		Y	BY REPORT
E1110	RR	SEMI-RECLINING WHEELCHAIR DETACHABLE ARMS (DESK OR FULL		Y	BY REPORT
E1130		STANDARD WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY		Y	BY REPORT
E1130	RR	STANDARD WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY		Y	BY REPORT
E1140		WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH SWING		Y	BY REPORT
E1140	RR	WHEELCHAIR DETACHABLE ARMS SWING AWAY LEG RESTS		Y	BY REPORT
E1150		WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH SWING AWAY		Y	BY REPORT
E1150	RR	WHEELCHAIR DETACHABLE ARMS FULL LENGTH SWING AWAY DETACH		Y	BY REPORT
E1160		WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACHABLE		Y	BY REPORT
E1160	RR	WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETACHABLE		Y	BY REPORT
E1170		AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY		Y	BY REPORT
E1170	RR	AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY		Y	BY REPORT
E1171		AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS		Y	BY REPORT
E1171	RR	AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS		Y	BY REPORT
E1172		AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)		Y	BY REPORT
E1172	RR	AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)		Y	BY REPORT
E1180		AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)		Y	BY REPORT
E1180	RR	AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)		Y	BY REPORT
E1190		AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)		Y	BY REPORT
E1190	RR	AMPUTEE WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH)		Y	BY REPORT
E1195		HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY		Y	BY REPORT
E1195	RR	HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY		Y	BY REPORT
E1200		AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETAC		Y	BY REPORT
E1200	RR	AMPUTEE WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY DETAC		Y	BY REPORT
E1210		MOTORIZED WHEELCHAIR WITH MICROSWITCH CONTROL FIXED FULL		Y	BY REPORT

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E1210	RR	MOTORIZED WHEELCHAIR W/MICRO SWING AWAY DETACH LEG RESTS		Y	BY REPORT
E1211		MOTORIZED WHEELCHAIR W/CONTROL DETACH ARMS ELEVATED		Y	BY REPORT
E1211	RR	MOTORIZED WHEELCHAIR W/CONTROL DETACH ARMS ELEVATED		Y	BY REPORT
E1212		MOTORIZED WHEELCHAIR WITH CONTROL FIXED ARMS		Y	BY REPORT
E1212	RR	MOTORIZED WHEELCHAIR MICROSWITCH FIXED ARMS		Y	BY REPORT
E1213		MOTORIZED WHEELCHAIR W/CONTROL DETACH ARMS/LEG RESTS		Y	BY REPORT
E1213	RR	MOTORIZED WHEELCHAIR W/CONTROL DETACH ARMS/LEG RESTS		Y	BY REPORT
E1220		SPECIALLY SIZED OR CONSTRUCTED WHEELCHAIRS (INDICATE BRAND		Y	BY REPORT
E1220	RR	SPECIALLY SIZED OR CONSTRUCTED WHEELCHAIRS (INDICATE BRAND		Y	BY REPORT
E1221		WHEELCHAIR WITH FIXED ARM FOOTRESTS		Y	BY REPORT
E1221	RR	WHEELCHAIR WITH FIXED ARM FOOTRESTS		Y	BY REPORT
E1222		WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS		Y	BY REPORT
E1222	RR	WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS		Y	BY REPORT
E1223		WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS		Y	BY REPORT
E1223	RR	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS		Y	BY REPORT
E1224		WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGRESTS		Y	BY REPORT
E1224	RR	WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGRESTS		Y	BY REPORT
E1225		SEMI-RECLINING BACK FOR CUSTOMIZED WHEEL CHAIR		Y	BY REPORT
E1225	RR	SEMI-RECLINING BACK FOR CUSTOMIZED WHEEL CHAIR		Y	BY REPORT
E1226		FULL RECLINING BACK FOR CUSTOMIZED WHEELCHAIR		Y	BY REPORT
E1227		SPECIAL HEIGHT ARMS FOR WHEELCHAIR		Y	BY REPORT
E1228		SPECIAL BACK HEIGHT FOR WHEELCHAIR		Y	BY REPORT
E1228	RR	SPECIAL BACK HEIGHT FOR WHEELCHAIR		Y	BY REPORT
E1230		POWER OPERATED VEHICLE (3 OR 4 WHEEL NON-HIGHWAY) SPECIFY		Y	BY REPORT
E1230	RR	POWER OPERATED VEHICLE (3 WHEEL NON-HIGHWAY) INDICATE		Y	BY REPORT
E1240		LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS (DESK OR FULL LENGTH		Y	BY REPORT
E1240	RR	LIGHT WEIGHT WHEELCHAIR DETACHABLE ARMS SWINGAWAY LEG REST		Y	BY REPORT
E1250		LIGHTWEIGHT WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY		Y	BY REPORT
E1250	RR	LIGHTWEIGHT WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY		Y	BY REPORT
E1260		LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS(DESK OR FULL LENGTH)		Y	BY REPORT
E1260	RR	LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS (DESK OR FULL		Y	BY REPORT
E1270		LT WT WHEELCHAIR FIXED FULL ARMS SWING AWAY ELEV LEGRESTS		Y	BY REPORT
E1270	RR	LT WT WHEELCHAIR FIXED FULL ARMS SWING AWAY ELEV LEGRESTS		Y	BY REPORT
E1280		HVY DUTY WHEELCHAIR DETACH ARMS (DESK/FULL) ELEV LEGRESTS		Y	BY REPORT
E1280	RR	HVY DUTY WHEELCHAIR DETACH ARMS (DESK/FULL) ELEV LEG		Y	BY REPORT
E1285		HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY		Y	BY REPORT

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E1285	RR	HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS SWING AWAY		Y	BY REPORT
E1290		HVY DUTY WHEELCHR DETACH ARMS(DEST/FULL) SWING DETACH FOOT		Y	BY REPORT
E1290	RR	HVY DUTY WHEELCHAIR DETACH ARMS(DEST/FULL) SWING DETCH FOOT		Y	BY REPORT
E1295		HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS ELEVATING		Y	BY REPORT
E1295	RR	HEAVY DUTY WHEELCHAIR FIXED FULL LENGTH ARMS ELEVATING		Y	BY REPORT
E1296		SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR		Y	BY REPORT
E1297		SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY		Y	BY REPORT
E1298		SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION		Y	BY REPORT
E1298	RR	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION		Y	BY REPORT
E1300		WHIRLPOOL PORTABLE (OVERTUB TYPE)	Y	Y	\$374.86
E1300	RR	WHIRLPOOL PORTABLE (OVERTUB TYPE)		Y	\$37.49
E1310		WHIRLPOOL NON-PORTABLE (BUILT-IN TYPE)	Y	Y	BY REPORT
E1340		REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF TECHNICI		Y	\$9.74
E1372*		IMMERSION EXTERNAL HEATER FOR NEBULIZER		Y	\$264.06
E1372*	RR	IMMERSION EXTERNAL HEATER FOR NEBULIZER		Y	\$26.41
E1390*	RR	OXYGEN CONCENTRATOR CAPABLE OF 85% OR > O2 CONCENTRATION		Y	\$226.53
E1390	NF	OXYGEN CONCENTRATOR CAPABLE OF 85% OR > O2 CONCENTRATION		Y	\$198.72
E1399		MISC SUPP & EQUIP.			BY REPORT
E1405*	RR	O2 AND H2O VAPOR ENRICHING SYS W/HEATED DELIVERY		Y	\$268.90
E1406*	RR	O2 AND H2O VAPOR ENRICHING SYS W/OUT HEATED DELIVERY		Y	\$266.00
E1500		CENTRIFUGE, FOR DIALYSIS			BY REPORT
E1510		KIDNEY DIALYSATE DELIVERY SYST. KIDNEY MACHINE PUMP RECIRC	Y	Y	BY REPORT
E1520		HEPARIN INFUSION PUMP FOR DIALYSIS			BY REPORT
E1530		AIR BUBBLE DETECTOR FOR DIALYSIS			BY REPORT
E1540		PRESSURE ALARM FOR DIALYSIS			BY REPORT
E1550		BATH CONDUCTIVITY METER FOR DIALYSIS			BY REPORT
E1560		BLOOD LEAK DETECTOR FOR DIALYSIS			BY REPORT
E1570		ADJUSTABLE CHAIR FOR ESRD PATIENTS			BY REPORT
E1575		TRANSDUCER PROTECTORS/FLUID BARRIERS ANY SIZE EACH			BY REPORT
E1580		UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS			BY REPORT
E1590		HEMODIALYSIS MACHINE			BY REPORT
E1592		AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM			BY REPORT
E1594		CYCLER DIALYSIS MACHINE			BY REPORT
E1600		DELIVERY AND/OR INSTALLATION CHARGES FOR RENAL DIALYSIS			BY REPORT
E1610		REVERSE OSMOSIS WATER PURIFICATION SYSTEM			BY REPORT
E1610	RR	REVERSE OSMOSIS WATER PURIFICATION SYSTEM			BY REPORT

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

*To be used in conjunction with current HCPCS publications.*

Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
E1615		DEIONIZER WATER PURIFICATION SYSTEM			BY REPORT
E1620		BLOOD PUMP FOR DIALYSIS			BY REPORT
E1625		WATER SOFTENING SYSTEM			BY REPORT
E1630		RECIPROCATING PERITONEAL DIALYSIS SYSTEM			BY REPORT
E1632		WEARABLE ARTIFICIAL KIDNEY			BY REPORT
E1635		COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM			BY REPORT
E1636		SORBENT CARTRIDGES PER CASE			BY REPORT
E1637		HEMOSTATS, FOR DIALYSIS, EACH			BY REPORT
E1638		HEATING PAD, FOR PERITONEAL DIALYSIS, ANY SIZE, EACH			BY REPORT
E1639		SCALE, EACH			BY REPORT
E1699		DIALYSIS EQUIPMENT UNSPECIFIED BY REPORT			BY REPORT
E1800		DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE	Y	Y	\$1,108.47
E1800	RR	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE		Y	\$110.85
E1801		BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ELBOW DEVICE WITH RANGE	Y	Y	\$1,127.50
E1801	RR	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ELBOW DEVICE WITH RANGE		Y	\$112.75
E1805		DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE	Y	Y	\$1,108.47
E1805	RR	DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE		Y	\$110.85
E1806		BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE WITH RANGE		Y	\$925.49
E1806	RR	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE WITH RANGE		Y	\$92.55
E1810		DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE	Y	Y	\$1,108.47
E1810	RR	DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE		Y	\$110.85
E1811		BI-DIRECTIONAL PROGRESSIVE STRETCH KNEE DEVICE WITH RANGE OF	Y	Y	\$1,172.21
E1811	RR	BI-DIRECTIONAL PROGRESSIVE STRETCH KNEE DEVICE WITH RANGE OF		Y	\$117.22
E1815		DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE	Y	Y	\$1,108.47
E1815	RR	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE		Y	\$110.85
E1816		BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE WITH RANGE	Y	Y	\$1,190.62
E1816	RR	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE WITH RANGE		Y	\$119.06
E1818		BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM	Y	Y	\$1,215.55
E1818	RR	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM		Y	\$121.56
E1820		SOFT INTERFACE MATERIAL FOR DYNAMIC ADJ EXT/FLEXION DEVICE		Y	\$54.92
E1821		REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL		Y	\$102.00
E1825		DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE	Y	Y	\$1,108.47
E1825	RR	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE		Y	\$110.85
E1830		DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE	Y	Y	\$1,108.47
E1830	RR	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE		Y	\$110.85
E1840		DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE,	Y	Y	\$3,449.32

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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E1840	RR	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE,		Y	\$344.93
E1902		COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE	Y		BY REPORT
E1902	RR	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE	Y		BY REPORT
E2000		GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY,			\$452.91
E2000	RR	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY,			\$45.29
E2100		BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER			\$609.84
E2101		BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE			\$182.75
K0001		STANDARD WHEELCHAIR		Y	BY REPORT
K0001	RR	STANDARD WHEELCHAIR		Y	BY REPORT
K0002		STANDARD HEMI (LOW SEAT) WHEELCHAIR		Y	BY REPORT
K0002	RR	STANDARD HEMI (LOW SEAT) WHEELCHAIR		Y	BY REPORT
K0003		LIGHTWEIGHT WHEELCHAIR		Y	BY REPORT
K0003	RR	LIGHTWEIGHT WHEELCHAIR		Y	BY REPORT
K0004		HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR		Y	BY REPORT
K0004	RR	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR		Y	BY REPORT
K0005		ULTRALIGHTWEIGHT WHEELCHAIR		Y	BY REPORT
K0005	RR	ULTRAWEIGHT WHEELCHAIR		Y	BY REPORT
K0006		HEAVY DUTY WHEELCHAIR		Y	BY REPORT
K0006	RR	HEAVY DUTY WHEELCHAIR		Y	BY REPORT
K0007		EXTRA HEAVY DUTY WHEELCHAIR		Y	BY REPORT
K0007	RR	EXTRA HEAVY DUTY WHEELCHAIR		Y	BY REPORT
K0009		OTHER MANUAL WHEELCHAIR/BASE		Y	BY REPORT
K0009	RR	OTHER MANUAL WHEELCHAIR/BASE		Y	BY REPORT
K0010		STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR		Y	BY REPORT
K0010	RR	STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR		Y	BY REPORT
K0011		STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROG		Y	BY REPORT
K0011	RR	STANDARD WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR W/PROG		Y	BY REPORT
K0012		LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR		Y	BY REPORT
K0012	RR	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR		Y	BY REPORT
K0014		OTHER MOTORIZED/POWER WHEELCHAIR BASE		Y	BY REPORT
K0014	RR	OTHER MOTORIZED/POWER WHEELCHAIR BASE		Y	BY REPORT
K0015		DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST EACH		Y	BY REPORT
K0015	RR	DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST EACH		Y	BY REPORT
K0016		DETACHABLE ADJUSTABLE HEIGHT ARMREST COMPLETE ASSEMBLY EA		Y	BY REPORT
K0016	RR	DETACHABLE ADJUSTABLE HEIGHT ARMREST COMPLETE ASSEMBLY EA		Y	BY REPORT
K0017		DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH		Y	BY REPORT

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K0017	RR	DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH		Y	BY REPORT
K0018		DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER PORTION EACH		Y	BY REPORT
K0018	RR	DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER PORTION EACH		Y	BY REPORT
K0019		ARM PAD EACH		Y	BY REPORT
K0019	RR	ARM PAD EACH		Y	BY REPORT
K0020		FIXED ADJUSTABLE HEIGHT ARMREST PAIR		Y	BY REPORT
K0020	RR	FIXED ADJUSTABLE HEIGHT ARMREST PAIR		Y	BY REPORT
K0021		ANTI-TIPPING DEVICE EACH		Y	BY REPORT
K0021	RR	ANTI-TIPPING DEVICE EACH		Y	BY REPORT
K0022		REINFORCED BACK UPHOLSTERY		Y	BY REPORT
K0022	RR	REINFORCED BACK UPHOLSTERY		Y	BY REPORT
K0023		SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FOAM ATTACHE		Y	BY REPORT
K0023	RR	SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FOAM ATTACH		Y	BY REPORT
K0024		SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FORM WITH AD		Y	BY REPORT
K0024	RR	SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FORM WITH AD		Y	BY REPORT
K0025		HOOK-ON HEADREST EXTENSION		Y	BY REPORT
K0025	RR	HOOK-ON HEADREST EXTENSION		Y	BY REPORT
K0026		BACK UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTW		Y	BY REPORT
K0026	RR	BACK UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTW		Y	BY REPORT
K0027		BACK UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEI		Y	BY REPORT
K0027	RR	BACK UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEI		Y	BY REPORT
K0028		FULLY RECLINING BACK		Y	BY REPORT
K0028	RR	FULLY RECLINING BACK		Y	BY REPORT
K0029		REINFORCED SEAT UPHOLSTERY		Y	BY REPORT
K0029	RR	REINFORCED SEAT UPHOLSTERY		Y	BY REPORT
K0030		SOLID SEAT INSERT PLANAR SEAT SINGLE DENSITY FOAM		Y	BY REPORT
K0030	RR	SOLID SEAT INSERT PLANAR SEAT SINGLE DENSITY FOAM		Y	BY REPORT
K0031		SAFETY BELT/PELVIC STRAP		Y	BY REPORT
K0031	RR	SAFETY BELT/PELVIC STRAP		Y	BY REPORT
K0032		SEAT UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTW		Y	BY REPORT
K0032	RR	SEAT UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTW		Y	BY REPORT
K0033		SEAT UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEI		Y	BY REPORT
K0033	RR	SEAT UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEI		Y	BY REPORT
K0034		HEEL LOOP EACH		Y	BY REPORT
K0034	RR	HEEL LOOP EACH		Y	BY REPORT
K0035		HEEL LOOP WITH ANKLE STRAP EACH		Y	BY REPORT

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
K0035	RR	HEEL LOOP WITH ANKLE STRAP EACH		Y	BY REPORT
K0036		TOE LOOP EACH		Y	BY REPORT
K0036	RR	TOE LOOP EACH		Y	BY REPORT
K0037		HIGH MOUNT FLIP-UP FOOTREST EACH		Y	BY REPORT
K0037	RR	HIGH MOUNT FLIP-UP FOOTREST EACH		Y	BY REPORT
K0038		LEG STRAP EACH		Y	BY REPORT
K0038	RR	LEG STRAP EACH		Y	BY REPORT
K0039		LEG STRAP H STYLE EACH		Y	BY REPORT
K0039	RR	LEG STRAP H STYLE EACH		Y	BY REPORT
K0040		ADJUSTABLE ANGLE FOOTPLATE EACH		Y	BY REPORT
K0040	RR	ADJUSTABLE ANGLE FOOTPLATE EACH		Y	BY REPORT
K0041		LARGE SIZE FOOTPLATE EACH		Y	BY REPORT
K0041	RR	LARGE SIZE FOOTPLATE EACH		Y	BY REPORT
K0042		STANDARD SIZE FOOTPLATE EACH		Y	BY REPORT
K0042	RR	STANDARD SIZE FOOTPLATE EACH		Y	BY REPORT
K0043		FOOTREST LOWER EXTENSION TUBE EACH		Y	BY REPORT
K0043	RR	FOOTREST LOWER EXTENSION TUBE EACH		Y	BY REPORT
K0044		FOOTREST UPPER HANGER BRACKET EACH		Y	BY REPORT
K0044	RR	FOOTREST UPPER HANGER BRACKET EACH		Y	BY REPORT
K0045		FOOTREST COMPLETE ASSEMBLY		Y	BY REPORT
K0045	RR	FOOTREST COMPLETE ASSEMBLY		Y	BY REPORT
K0046		ELEVATING LEGREST LOWER EXTENSION TUBE EACH		Y	BY REPORT
K0046	RR	ELEVATING LEGREST LOWER EXTENSION TUBE EACH		Y	BY REPORT
K0047		ELEVATING LEGREST UPPER HANGER BRACKET EACH		Y	BY REPORT
K0047	RR	ELEVATING LEGREST UPPER HANGER BRACKET EACH		Y	BY REPORT
K0048		ELEVATING LEGREST COMPLETE ASSEMBLY		Y	BY REPORT
K0048	RR	ELEVATING LEGREST COMPLETE ASSEMBLY		Y	BY REPORT
K0049		CALF PAD EACH		Y	BY REPORT
K0049	RR	CALF PAD EACH		Y	BY REPORT
K0050		RATCHET ASSEMBLY		Y	BY REPORT
K0050	RR	RATCHET ASSEMBLY		Y	BY REPORT
K0051		CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH		Y	BY REPORT
K0051	RR	CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH		Y	BY REPORT
K0052		SWINGAWAY DETACHABLE FOOTRESTS EACH		Y	BY REPORT
K0052	RR	SWINGAWAY DETACHABLE FOOTRESTS EACH		Y	BY REPORT
K0053		ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EACH		Y	BY REPORT

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
K0053	RR	ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EACH		Y	BY REPORT
K0054		SEAT WIDTH OF 10" 11" 12" 15" 17" OR 20" FOR A HIGH STR		Y	BY REPORT
K0054	RR	SEAT WIDTH OF 10" 11" 12" 15" 17" OR 20" FOR A HIGH ST		Y	BY REPORT
K0055		SEAT DEPTH OF 15" 17" OR 18" FOR A HIGH STRENGTH LIGHTWEI		Y	BY REPORT
K0055	RR	SEAT DEPTH OF 15" 17" OR 18" FOR A HIGH STRENGTH LIGHTWEI		Y	BY REPORT
K0056		SEAT HEIGHT < 17" OR <= 21" HIGH STRENGTH LTWT WHEELCHAIR		Y	BY REPORT
K0056	RR	SEAT HEIGHT < 17" OR < OR EQUAL TO 21" FOR A HIGH STRENGTH		Y	BY REPORT
K0057		SEAT WIDTH 19" OR 20" FOR HEAVY DUTY OR EXTRA HEAVY DUTY CHA		Y	BY REPORT
K0057	RR	SEAT WIDTH 19" OR 20" FIR HEAVY DUTY OR EXTRA HEAVY DUTY CHA		Y	BY REPORT
K0058		SEAT DEPTH 17" OR 18" FOR MOTORIZED/POWER WHEELCHAIR		Y	BY REPORT
K0058	RR	SEAT DEPTH 17" OR 18" FOR MOTORIZED/POWER WHEELCHAIR		Y	BY REPORT
K0059		PLASTIC COATED HANDRIM EACH		Y	BY REPORT
K0059	RR	PLASTIC COATED HANDRIM EACH		Y	BY REPORT
K0060		STEEL HANDRIM EACH		Y	BY REPORT
K0060	RR	STEEL HANDRIM EACH		Y	BY REPORT
K0061		ALUMINUM HANDRIM EACH		Y	BY REPORT
K0061	RR	ALUMINUM HANDRIM EACH		Y	BY REPORT
K0062		HANDRIM WITH 8-10 VERTICAL OR OBLIQUE PROJECTIONS EACH		Y	BY REPORT
K0062	RR	HANDRIM WITH 8 - 10 VERTICAL OR OBLIQUE PROJECTIONS EACH		Y	BY REPORT
K0063		HANDRIM WITH 12-16 VERTICAL OR OLBIQUE PROJECTIONS EACH		Y	BY REPORT
K0063	RR	HANDRIM WITH 12-16 VERTICAL OR OBLIQUE PROJECTIONS EACH		Y	BY REPORT
K0064		ZERO PRESSURE TUBE (FLAT FREE INSERTS) ANY SIZE EACH		Y	BY REPORT
K0064	RR	ZERO PRESSURE TUBE (FLAT FREE INSERTS) ANY SIZE EACH		Y	BY REPORT
K0065		SPOKE PROTECTORS		Y	BY REPORT
K0065	RR	SPOKE PROTECTORS		Y	BY REPORT
K0066		SOLID TIRE ANY SIZE EACH		Y	BY REPORT
K0066	RR	SOLID TIRE ANY SIZE EACH		Y	BY REPORT
K0067		PNEUMATIC TIRE ANY SIZE EACH		Y	BY REPORT
K0067	RR	PNEUMATIC TIRE ANY SIZE EACH		Y	BY REPORT
K0068		PNEUMATIC TIRE TUBE EACH		Y	BY REPORT
K0068	RR	PNEUMATIC TIRE TUBE EACH		Y	BY REPORT
K0069		REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRE SPOKES OR MO		Y	BY REPORT
K0069	RR	REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRE SPOKES OR MO		Y	BY REPORT
K0070		REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE SPOKES O		Y	BY REPORT
K0070	RR	REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE SPOKES		Y	BY REPORT
K0071		FRONT CASTER ASSEMBLY COMPLETE WITH PNEUMATIC TIRE EACH		Y	BY REPORT

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K0071	RR	FRONT CASTER ASSEMBLY COMPLETE WITH PNEUMATIC TIRE EACH		Y	BY REPORT
K0072		FRONT CASTER ASSEMBLY COMPLETE WITH SEMI-PNEUMATIC TIRE E		Y	BY REPORT
K0072	RR	FRONT CASTER ASSEMBLY COMPLETE WITH SEMI-PNEUMATIC TIRE		Y	BY REPORT
K0073		CASTER PIN LOCK EACH		Y	BY REPORT
K0073	RR	CASTER PIN LOCK EACH		Y	BY REPORT
K0074		PNEUMATIC CASTER TIRE ANY SIZE EACH		Y	BY REPORT
K0074	RR	PNEUMATIC CASTER TIRE ANY SIZE EACH		Y	BY REPORT
K0075		SEMI-PNEUMATIC CASTER TIRE ANY SIZE EACH		Y	BY REPORT
K0075	RR	SEMI-PNEUMATIC CASTER TIRE ANY SIZE EACH		Y	BY REPORT
K0076		SOLID CASTER TIRE ANY SIZE EACH		Y	BY REPORT
K0076	RR	SOLID CASTER TIRE ANY SIZE EACH		Y	BY REPORT
K0077		FRONT CASTER ASSEMBLY COMPLETE WITH SOLID TIRE EACH		Y	BY REPORT
K0077	RR	FRONT CASTER ASSEMBLY COMPLETE WITH SOLID TIRE EACH		Y	BY REPORT
K0078		PNEUMATIC CASTER TIRE TUBE EACH		Y	BY REPORT
K0078	RR	PNEUMATIC CASTER TIRE TUBE EACH		Y	BY REPORT
K0079		WHEEL LOCK EXTENSION PAIR		Y	BY REPORT
K0079	RR	WHEEL LOCK EXTENSION PAIR		Y	BY REPORT
K0080		ANTI-ROLLBACK DEVICE PAIR		Y	BY REPORT
K0080	RR	ANTI-ROLLBACK DEVICE PAIR		Y	BY REPORT
K0081		WHEEL LOCK ASSEMBLY COMPLETE EACH		Y	BY REPORT
K0081	RR	WHEEL LOCK ASSEMBLY COMPLETE EACH		Y	BY REPORT
K0082		22 NF DEEP CYCLE LEAD ACID BATTERY EACH		Y	BY REPORT
K0082	RR	22 NF DEEP CYCLE LEAD ACID BATTERY EACH		Y	BY REPORT
K0083		22 NF GEL CELL BATTERY EACH		Y	BY REPORT
K0083	RR	22 NF GEL CELL BATTERY EACH		Y	BY REPORT
K0084		GROUP 24 DEEP CYCLE LEAD ACID BATTERY EACH		Y	BY REPORT
K0084	RR	GROUP 24 DEEP CYCLE LEAD ACID BATTERY EACH		Y	BY REPORT
K0085		GROUP 24 GEL CELL BATTERY EACH		Y	BY REPORT
K0085	RR	GROUP 24 GEL CELL BATTERY EACH		Y	BY REPORT
K0086		U-1 LEAD ACID BATTERY EACH		Y	BY REPORT
K0086	RR	U-1 GEL CELL BATTERY EACH		Y	BY REPORT
K0087		U-1 GEL CELL BATTERY EACH		Y	BY REPORT
K0087	RR	U-1 GEL CELL BATTERY EACH		Y	BY REPORT
K0088		BATTERY CHARGER LEAD ACID OR GEL CELL		Y	BY REPORT
K0088	RR	BATTERY CHARGER LEAD ACID OR GEL CELL		Y	BY REPORT
K0089		BATTERY CHARGER DUAL MODE		Y	BY REPORT

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K0089	RR	BATTERY CHARGER DUAL MODE		Y	BY REPORT
K0090		REAR WHEEL TIRE FOR POWER WHEELCHAIR ANY SIZE EACH		Y	BY REPORT
K0090	RR	REAR WHEEL TIRE OR POWER WHEELCHAIR ANY SIZE EACH		Y	BY REPORT
K0091		REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEEL		Y	BY REPORT
K0091	RR	REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEEL		Y	BY REPORT
K0092		REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR COMPLETE EACH		Y	BY REPORT
K0092	RR	REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR COMPLETE EACH		Y	BY REPORT
K0093		REAR WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR P		Y	BY REPORT
K0093	RR	REAR WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR		Y	BY REPORT
K0094		WHEEL TIRE FOR POWER BASE ANY SIZE EACH		Y	BY REPORT
K0094	RR	WHEEL TIRE FOR POWER BASE ANY SIZE EACH		Y	BY REPORT
K0095		WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE ANY		Y	BY REPORT
K0095	RR	WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE ANY		Y	BY REPORT
K0096		WHEEL ASSEMBLY FOR POWER BASE COMPLETE EACH		Y	BY REPORT
K0096	RR	WHEEL ASSEMBLY FOR POWER BASE COMPLETE EACH		Y	BY REPORT
K0097		WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER B		Y	BY REPORT
K0097	RR	WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER		Y	BY REPORT
K0098		DRIVE BELT FOR POWER WHEELCHAIR		Y	BY REPORT
K0098	RR	DRIVE BELT FOR POWER WHEELCHAIR		Y	BY REPORT
K0099		FRONT CASTER FOR POWER WHEELCHAIR		Y	BY REPORT
K0099	RR	FRONT CASTER FOR POWER WHEELCHAIR		Y	BY REPORT
K0100		AMPUTEE ADAPTER PARI		Y	BY REPORT
K0100	RR	AMPUTEE ADAPTER PARI		Y	BY REPORT
K0101		ONE-ARM DRIVE ATTACHMENT		Y	BY REPORT
K0101	RR	ONE-ARM DRIVE		Y	BY REPORT
K0102		CRUTCH AND CANE HOLDER		Y	BY REPORT
K0102	RR	CRUTCH AND CANE HOLDER		Y	BY REPORT
K0103		TRANSFER BOARD <25"		Y	BY REPORT
K0103	RR	TRANSFER BOARD < 25"		Y	BY REPORT
K0104		CYLINDER TANK CARRIER		Y	BY REPORT
K0104	RR	CYLINDER TANK CARRIER		Y	BY REPORT
K0105		IV HANGER		Y	BY REPORT
K0105	RR	IV HANGER		Y	BY REPORT
K0106		ARM TROUGH EACH		Y	BY REPORT
K0106	RR	ARM TROUGH EACH		Y	BY REPORT
K0107		WHEELCHAIR TRAY		Y	BY REPORT

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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K0107	RR	WHEELCHAIR TRAY		Y	BY REPORT
K0108		OTHER ACCESSORIES		Y	BY REPORT
K0108	RR	OTHER ACCESSORIES		Y	BY REPORT
K0112		TRUNK SUPPORT DEVICE VEST TYPE WITH INNER FRAME PREFABRIC		Y	BY REPORT
K0113		TRUNK SUPPORT DEVICE VEST TYPE WITHOUT INNER FRAME PREFAB		Y	BY REPORT
K0114		BACK SUPPORT SYSTEM FOR USE WITH A WHEELCHAIR WITH INNER FR		Y	BY REPORT
K0115		SEATING SYSTEM BACK MODULE POSTERIOR-LATERAL CONTROL		Y	BY REPORT
K0116		SEATING SYSTEM COMBINED BACK AND SEAT MODULE CUSTOM FABRIC		Y	BY REPORT
K0183*		NASAL APPLICATION DEVICE USED W/POSITIVE AIRWAY PRESS. DEVIC		Y	\$74.67
K0184*		NASAL SEALS-REPLACMNTS FOR NASAL APP DEVICE USED W/CPAP DEV		Y	\$22.88
K0185*		HEADGEAR USED WITH POSITIVE AIWAY PRESSURE DEVICE		Y	\$36.93
K0186*		CHIN STRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE		Y	\$16.91
K0187*		TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE		Y	\$38.10
K0188*		FILTER DISPOSABLE USED W/ POSITIVE AIRWAY PRESSURE DEVICE		Y	BY REPORT
K0189*		FILTER NON-DISP. USED W/POSITIVE AIRWAY PRESSURE DEVICE		Y	\$14.24
K0195		ELEVATING LEG RESTS PAIR (WHEELCHAIR)		Y	BY REPORT
K0195	RR	ELEVATING LEG RESTS PAIR (WHEELCHAIR)		Y	BY REPORT
K0268*		HUMIDIFIER NON-HEATED USED W/POSITIVE AIRWAY PRESSURE DEVICE		Y	\$99.41
K0452		WHEELCHAIR BEARINGS ANY TYPE		Y	BY REPORT
K0456	RR	HOSPITAL BED HEAVY DUTY/EXTRA WIDE/ANY TYPE RAILS /MATTRESS		Y	\$260.29
K0460		POWER ADD-ON TO CONVER MANUAL WHEELCHR TO MOTORIZED JOYSTICK		Y	BY REPORT
K0460	RR	POWER ADD-ON TO CONVER MANUAL WHEELCHR TO MOTORIZED JOYSTICK		Y	BY REPORT
K0461		POWER ADD-ON TO CONVERT MANUAL WHEELCHR TO POWER VEH. TILLER		Y	BY REPORT
K0461	RR	POWER ADD-ON TO CONVERT MANUAL WHEELCHR TO POWER VEH. TILLER		Y	BY REPORT
K0531*		HUMIDIFIER HEATED USED W/ POSITIVE AIRWAY PRESSURE DEVICE		Y	\$335.68
K0531*	RR	HUMIDIFIER HEATED USED W/ POSITIVE AIRWAY PRESSURE DEVICE		Y	\$27.97
K0532		RESPIRATORY ASSIST DEVICE W/OUT BACKUP RATE FEAT. NONINVASIVE	Y		\$2,451.32
K0532	RR	RESPIRATORY ASSIST DEVICE W/OUT BACKUP RATE FEAT. NONINVASIVE			\$204.28
K0533*	RR	RESPIRATORY ASSIST DEVICE W/BACKUP RATE FEATURE NONINVASIVE		Y	\$507.10
K0534*	RR	RESPIRATORY ASSIST DEVICE W/BACKUP RATE FEATURE INVASIVE		Y	\$507.10
K0538		NEGATIVE PRESSURE WOUND THERAPY PUMP, STATIONARY OR PORT.	Y		\$15,994.15
K0538	RR	NEGATIVE PRESSURE WOUND THERAPY PUMP, STATIONARY OR PORT.	Y		\$1,599.42
K0539		DRESSING SET, FOR NEGATIVE PRESSURE WOUND THERAPY, EACH.			\$25.55
K0540		CANISTER SET, FOR NEGATIVE PRESSURE WOUND THERAPY, EACH.			\$22.85
K0541		SPEECH GENERATING DEVICE, DIGITIZED SPEECH, PRE- RECORDED <=8 MIN.	Y	Y	\$364.40
K0541	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, PRE- RECORDED <=8 MIN.	Y	Y	\$36.44

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K0542		SPEECH GENERATING DEVICE, DIGITIZED SPEECH, PRE-RECORDED >8 MIN.	Y	Y	\$1,408.45
K0542	RR	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, PRE-RECORDED >8 MIN.	Y	Y	\$140.84
K0543		SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, FORMULATED SPCH.	Y	Y	\$3,332.75
K0543	RR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, FORMULATED SPCH.	Y	Y	\$333.27
K0544		SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, MULT SPCH METHOD.	Y	Y	\$6,306.77
K0544	RR	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, MULT SPCH METHOD.	Y	Y	\$630.67
K0545		SPEECH GENERATING SOFTWARE PROGRAM	Y	Y	BY REPORT
K0546		ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM, EACH.	Y	Y	BY REPORT
K0547		ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASS.	Y	Y	BY REPORT
K0549		HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER	Y	Y	\$2,732.75
K0549	RR	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER		Y	\$273.28
K0550		HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY	Y	Y	\$7,668.11
K0550	RR	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY		Y	\$766.81
K0551		RESIDUAL LIMB SUPPORT SYSTEM, SOLID BASE WITH ADJUSTABLE DROP		Y	BY REPORT
K0551	RR	RESIDUAL LIMB SUPPORT SYSTEM, SOLID BASE WITH ADJUSTABLE DROP		Y	BY REPORT
K0561*		OSTOMY SKIN BARRIER, NON-PECTIN BASED, PAST PER OZ			\$3.27
K0562*		OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE PER OZ			\$5.53
K0563*		OSTOMY SKIN BARRIER, WITH FLANCE, 4X4 IN. OR SMALLER, EA			\$8.68
K0564*		OSTOMY SKIN BARRIER, WITH FLANCE, LARGER THAN 4X4 IN., EA			BY REPORT
K0565*		OSTOMY SKIN BARRIER, WITH FLANCE, 4X4 IN. OR SMALLER, EA			\$5.99
K0566*		OSTOMY SKIN BARRIER, WITH FLANCE, LARGER THAN 4X4 IN., EA			\$8.71
K0567*		OSTOMY POUCH, DRAINABLE, KARAYA BARRIER, W/O CONVEXITY, EA			\$2.50
K0568*		OSTOMY POUCH, DRAINABLE, STANDARD BARRIER, W/O CONVEXITY, EA			\$3.64
K0569*		OSTOMY POUCH, HIGH OUTPUT, FOR USE W/FLANGE. (2 PIECE), EA			\$5.30
K0570*		OSTOMY SKIN BARRIER, W/FLANG, W/O CONVEXITY, 4X4 OR SMALLER, EA			\$4.76
K0571*		OSTOMY SKIN BARRIER, W/FLANG, W/O CONVEXITY, LARGER THAN 4X4, EA			\$5.78
K0572*		TAPE, NON-WATERPROOF, PER 18 SQ IN., EA			\$0.09
K0573*		TAPE, WATERPROOF, PER 18 SQ IN., EA			\$0.35
K0574*		ADDITION TO OSTOMY POUCH, INTERGRAL OR ADDED, EA			\$0.45
K0575*		ADDITION TO OSTOMY POUCH, RUSTLE-FREE MATERIAL, PER POUCH			\$0.27
K0576*		ADDITION TO OSTOMY POUCH, INTERFACE LAYER, PER POUCH			\$0.27
K0577*		ADDITION TO OSTOMY POUCH, ODOR BARRIER, INCORPORATED, PER POUCH			\$0.27
K0578*		ADDITION TO OSTOMY POUCH, FAUCET-TYPE TAP WITH VALVE, EA			\$0.52
K0579*		ADDITION TO OSTOMY POUCH, ABSORBENT MATERIAL, EA			\$0.12
K0580*		ADDITION TO OSTOMY POUCH, FLANGE LOCING MECHANISM, EA			\$0.34
L0100		CERVICAL CRANIOSTENOSIS HELMET MOLDED TO PATIENT MODEL		Y	BY REPORT

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

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L0110		CERVICAL CRANIOSTENOSIS HELMET NON-MOLDED		Y	BY REPORT
L0120		CERVICAL FLEXIBLE NON-ADJUSTABLE (FOAM COLLAR)		Y	\$24.76
L0130		CERVICAL FLEXIBLE THERMOPLASTIC COLLAR MOLDED TO PATIENT		Y	BY REPORT
L0140		CERVICAL SEMI-RIGID ADJUSTABLE (PLASTIC COLLAR)		Y	BY REPORT
L0150		CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP (PLASTIC CO		Y	BY REPORT
L0160		CERVICAL SEMI-RIGID WIRE FRAME OCCIPITAL/MANDIBULAR SUPPOR		Y	BY REPORT
L0170		CERVICAL COLLAR MOLDED TO PATIENT MODEL		Y	BY REPORT
L0172		CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE		Y	BY REPORT
L0174		CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE		Y	BY REPORT
L0180		CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIBULAR SUPPORT		Y	BY REPORT
L0190		CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIBULAR SUPPORT		Y	BY REPORT
L0200		CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIBULAR SUPPORT		Y	BY REPORT
L0210		THORACIC RIB BELT CUSTOM FITTED		Y	BY REPORT
L0220		THORACIC RIB BELT CUSTOM FABRICATED		Y	BY REPORT
L0300		THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO) FLEXIBLE (DORSO-LUMB		Y	BY REPORT
L0310		TLSO FLEXIBLE (DORSO-LUMBAR SURGICAL SUPPORT) CUSTOM		Y	BY REPORT
L0315		TLSO FLEXIBLE DORSO-LUMBAR SURGICAL SUPPORT ELASTIC TYPE		Y	BY REPORT
L0317		TLSO FLEXIBLE DORSO-LUMBAR SURGICAL SUPPORT HYPEREXTENSION		Y	BY REPORT
L0320		TLSO ANTERIOR-POSTERIOR CONTROL (TAYLOR TYPE) WITH		Y	BY REPORT
L0321		TLSO, ANTERIOR-POSTERIOR CONTROL, WITH RIGID OR SEMI-RIGID		Y	\$320.63
L0330		TLSO ANTERIOR-POSTERIOR-LATERAL CONTROL (KNIGHT-TAYLOR TYPE		Y	BY REPORT
L0331		TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH RIGID OR SEMI-RIGID		Y	\$373.82
L0350		TLSO ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL		Y	BY REPORT
L0360		TLSO ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL		Y	BY REPORT
L0370		TLSO ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL		Y	BY REPORT
L0380		TLSO ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL WITH EXTENS		Y	BY REPORT
L0390		TLSO ANTERIOR-POSTERIOR-LATERAL CONTROL		Y	BY REPORT
L0391		TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, WITH RIGID OR		Y	\$487.23
L0400		TLSO ANTERIOR-POSTERIOR-LATERAL CONTROL		Y	BY REPORT
L0410		TLSO ANTERIOR-POSTERIOR-LATERAL CONTROL TWO-PIECE CONSTRUC		Y	BY REPORT
L0420		TLSO ANTERIOR-POSTERIOR-LATERAL CONTROL TWO PIECE CONSTRUC		Y	BY REPORT
L0430		TLSO ANTERIOR-POSTERIOR-LATERAL CONTROL WITH INTERFACE MAT		Y	BY REPORT
L0440		TLSO ANTERIOR-POSTERIOR-LATERAL CONTROL WITH OVERLAPPING F		Y	BY REPORT
L0500		LUMBAR-SACRAL-ORTHOSIS (LSO) FLEXIBLE (LUMBO-SACRAL SURGIC		Y	\$86.27
L0510		LSO FLEXIBLE (LUMBO-SACRAL SURGICAL SUPPORT) CUSTOM		Y	BY REPORT
L0515		LSO FLEXIBLE LUMBO-SACRAL SURGICAL SUPPORT ELASTIC TYPE W		Y	BY REPORT

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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L0520		LSO ANTERIOR-POSTERIOR-LATERAL CONTROL (KNIGHT WILCOX		Y	BY REPORT
L0530		LSO ANTERIOR-POSTERIOR CONTROL (MACAUSLAND TYPE) WITH		Y	BY REPORT
L0540		LSO LUMBAR FLEXION (WILLIAMS FLEXION TYPE)		Y	BY REPORT
L0550		LSO ANTERIOR-POSTERIOR-LATERAL CONTROL		Y	BY REPORT
L0560		LSO ANTERIOR-POSTERIOR LATERAL CONTROL		Y	BY REPORT
L0561		TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH RIGID OR SEMI-RIGID		Y	\$270.67
L0565		LSO ANTERIOR-POSTERIOR-LATERAL CONTROL CUSTOM FITTED		Y	BY REPORT
L0600		SACROILIAC FLEXIBLE (SACROILIAC SURGICAL SUPPORT) CUSTOM F		Y	BY REPORT
L0610		SACROILIAC FLEXIBLE (SACROILIAC SURGICAL SUPPORT) CUSTOM		Y	BY REPORT
L0620		SACROILIAC SEMI-RIGID (GOLDTHWAITE OSGOOD TYPES) WITH		Y	BY REPORT
L0700		CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO)		Y	BY REPORT
L0710		CTLSO ANTERIOR-POSTERIOR-LATERAL-CONTROL MOLDED TO		Y	BY REPORT
L0810		HALO PROCEDURE CERVICAL HALO INCORPORATED INTO JACKET		Y	BY REPORT
L0820		HALO PROCEDURE CERVICAL HALO INCORPORATED INTO PLASTER BOD		Y	BY REPORT
L0830		HALO PROCEDURE CERVICAL HALO INCORPORATED INTO MILWAUKEE T		Y	BY REPORT
L0860		ADDITION TO HALO PROCEDURES MAGNETIC REASONANCE IMAGE COMPA		Y	BY REPORT
L0900		TORSO SUPPORT PTOSIS SUPPORT CUSTOM FITTED		Y	BY REPORT
L0910		TORSO SUPPORT PTOSIS SUPPORT CUSTOM FABRICATED		Y	BY REPORT
L0920		TORSO SUPPORT PENDULOUS ABDOMEN SUPPORT CUSTOM FITTED		Y	BY REPORT
L0930		TORSO SUPPORT PENDULOUS ABDOMEN SUPPORT CUSTOM		Y	BY REPORT
L0940		TORSO SUPPORT POST SURGICAL SUPPORT CUSTOM FITTED		Y	BY REPORT
L0950		TORSO SUPPORT POST SURGICAL SUPPORT CUSTOM FABRICATED		Y	BY REPORT
L0960		TORSO SUPPORT POST SURGICAL SUPPORT PADS FOR POST		Y	BY REPORT
L0970		TLSO CORSET FRONT		Y	BY REPORT
L0972		LSO CORSET FRONT		Y	BY REPORT
L0974		TLSO FULL CORSET		Y	BY REPORT
L0976		LSO FULL CORSET		Y	BY REPORT
L0978		AXILLARY CRUTCH EXTENSION		Y	BY REPORT
L0980		PERONEAL STRAPS PAIR		Y	BY REPORT
L0982		STOCKING SUPPORTER GRIPS SET OF FOUR (4)		Y	BY REPORT
L0984		PROTECTIVE BODY SOCK EACH		Y	\$42.30
L0986		ADDITION TO SPINAL ORTHOSIS, RIGID OR SEMI-RIGID ABDOMINAL PANEL,		Y	\$108.91
L0999		ADDITION TO SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED		Y	BY REPORT
L1000		CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE)		Y	BY REPORT
L1005		TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES	Y	Y	\$2,509.63
L1010		ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO)		Y	BY REPORT

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L1020		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPHOSIS PAD		Y	BY REPORT
L1025		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPHOSIS PAD FLOAT		Y	BY REPORT
L1030		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR		Y	BY REPORT
L1040		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR		Y	BY REPORT
L1050		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS STERNAL PAD		Y	BY REPORT
L1060		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS THORACIC PAD		Y	BY REPORT
L1070		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS TRAPEZIUS		Y	BY REPORT
L1080		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS OUTRIGGER		Y	BY REPORT
L1085		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS OUTRIGGER BILATERA		Y	BY REPORT
L1090		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR SLING		Y	BY REPORT
L1100		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE		Y	BY REPORT
L1110		ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE		Y	BY REPORT
L1120		ADDITION TO CTLSO SCOLIOSIS ORTHOSIS COVER		Y	BY REPORT
L1200		THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO) INCLUSIVE OF FURNISH		Y	BY REPORT
L1210		ADDITION TO TLSO (LOW PROFILE) LATERAL THORACIC EXTENSION		Y	BY REPORT
L1220		ADDITION TO TLSO (LOW PROFILE) ANTERIOR THORACIC EXTENSION		Y	BY REPORT
L1230		ADDITION TO TLSO (LOW PROFILE) MILWAUKEE TYPE SUPERSTRUCTU		Y	BY REPORT
L1240		ADDITION TO TLSO (LOW PROFILE) LUMBAR DEROTATION PAD		Y	BY REPORT
L1250		ADDITION TO TLSO (LOW PROFILE) ANTERIOR ASIS PAD		Y	BY REPORT
L1260		ADDITION TO TLSO (LOW PROFILE) ANTERIOR THORACIC DEROTATIO		Y	BY REPORT
L1270		ADDITION TO TLSO (LOW PROFILE) ABDOMINAL PAD		Y	BY REPORT
L1280		ADDITION TO TLSO (LOW PROFILE) RIB GUSSET (ELASTIC) EACH		Y	BY REPORT
L1290		ADDITION TO TLSO (LOW PROFILE) LATERAL TROCHANTERIC PAD		Y	BY REPORT
L1300		OTHER SCOLIOSIS PROCEDURE BODY JACKET MOLDED TO PATIENT		Y	BY REPORT
L1310		OTHER SCOLIOSIS PROCEDURE POST-OPERATIVE BODY JACKET		Y	BY REPORT
L1499		SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED		Y	BY REPORT
L1500		THORACIC-HIP-KNEE-ANKLE ORTHOSIS (THKAO) MOBILITY FRAME		Y	BY REPORT
L1510		THKAO STANDING FRAME		Y	BY REPORT
L1520		THKAO SWIVEL WALKER		Y	BY REPORT
L1600		HIP ORTHOSIS (HO) ABDUCTION CONTROL OF HIP JOINTS FLEXIBLE		Y	BY REPORT
L1610		HO ABDUCTION CONTROL OF HIP JOINTS FLEXIBLE FREJKA COVER		Y	BY REPORT
L1620		HO ABDUCTION CONTROL OF HIP JOINTS FLEXIBLE PAVLIK HARNES		Y	BY REPORT
L1630		HO ABDUCTION CONTROL OF HIP JOINTS SEMI-FLEXIBLE		Y	BY REPORT
L1640		HO ABDUCTION CONTROL OF HIP JOINTS STATIC PELVIC		Y	BY REPORT
L1650		HO ABDUCTION CONTROL OF HIP JOINTS STATIC ADJUSTABLE		Y	BY REPORT
L1660		HO ABDUCTION CONTROL OF HIP JOINTS STATIC PLASTIC CUSTOM		Y	BY REPORT

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L1670		HO ABDUCTION CONTROL OF HIP JOINTS DYNAMIC ATTACHED TO		Y	BY REPORT
L1680		HO ABDUCTION CONTROL OF HIP JOINTS DYNAMIC PELVIC		Y	BY REPORT
L1685		HO ABDUCTION CONTROL OF HIP JOINT POST-OPERATIVE HIP ABDUC		Y	BY REPORT
L1686		HO ABDUCTION CONTROL OF HIP JOINT POST-OPERATIVE HIP ABDUC		Y	BY REPORT
L1690		COMBO BILAT/L-S/HIP/FEMUR ORTHOSIS ADDUC/INT ROTATION CTRL		Y	BY REPORT
L1700		LEGG PERTHES ORTHOSIS TORONTO TYPE		Y	BY REPORT
L1710		LEGG PERTHES ORTHOSIS NEWINGTON TYPE		Y	BY REPORT
L1720		LEGG PERTHES ORTHOSIS TRILATERAL (TACHDIJAN TYPE)		Y	BY REPORT
L1730		LEGG PERTHES ORTHOSIS SCOTTISH RITE TYPE		Y	BY REPORT
L1750		LEGG PERTHES ORTHOSIS LEGG PERTHES SLING (SAM		Y	BY REPORT
L1755		LEGG PERTHES ORTHOSIS PATTEN BOTTOM TYPE		Y	BY REPORT
L1800		KNEE ORTHOSIS (KO) ELASTIC WITH STAYS		Y	BY REPORT
L1810		KO ELASTIC WITH JOINTS		Y	BY REPORT
L1815		KO ELASTIC WITH CONDYLAR PADS		Y	BY REPORT
L1820		KO ELASTIC WITH CONDYLAR PADS AND JOINTS		Y	BY REPORT
L1825		KO ELASTIC KNEE CAP		Y	BY REPORT
L1830		KO IMMOBILIZER CANVAS LONGITUDINAL		Y	BY REPORT
L1832		KO ADJUSTABLE KNEE JOINTS POSITIONAL ORTHOSIS RIGID SUPPO		Y	BY REPORT
L1834		KO WITHOUT KNEE JOINT RIGID MOLDED TO PATIENT MODEL		Y	BY REPORT
L1840		KO DEROTATION MEDIAL-LATERAL ANTERIOR CRUCIATE LIGAMENT		Y	BY REPORT
L1844		SINGLE UPRIGHT THIGH & CALF CUSTOM FITTED		Y	BY REPORT
L1845		KO DOUBLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION		Y	\$493.81
L1846		KO DOUBLE UPRIGHT THIGH AND CALF WITH ADJUSTABLE FLEXION		Y	BY REPORT
L1847		KNEE ORTHOSIS DOUBLE UPRIGHT W/ADJ JOINT INFL. AIR CHAMBER		Y	\$434.90
L1850		KO SWEDISH TYPE		Y	BY REPORT
L1855		KO MOLDED PLASTIC THIGH AND CALF SECTIONS WITH DOUBLE UPR		Y	BY REPORT
L1858		KO MOLDED PLASTIC POLYCENTRIC KNEE JOINTS PNEUMATIC KNEE		Y	BY REPORT
L1860		KO MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET		Y	BY REPORT
L1870		KO DOUBLE UPRIGHT THIGH AND CALF LACERS MOLDED TO PATIENT		Y	BY REPORT
L1880		KO DOUBLE UPRIGHT NON-MOLDED THIGH AND CALF CUFFS/LACERS		Y	BY REPORT
L1885		KO SINGLE OR DOUBLE UPRIGHT THIGH & CALF W/FUNCTIONAL ACTI		Y	\$729.14
L1900		ANKLE-FOOT ORTHOSIS (AFO) SPRING WIRE DORSIFLEXION ASSIST		Y	BY REPORT
L1902		AFO ANKLE GAUNTLET CUSTOM FITTED		Y	BY REPORT
L1904		AFO MOLDED ANKLE GAUNTLET MOLDED TO PATIENT MODEL		Y	BY REPORT
L1906		AFO MULTILIGAMENTUS ANKLE SUPPORT		Y	BY REPORT
L1910		AFO POSTERIOR SINGLE BAR CLASP ATTACHMENT TO SHOE COUNTER		Y	BY REPORT

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L1920		AFO SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP		Y	BY REPORT
L1930		AFO CUSTOM FITTED PLASTIC		Y	BY REPORT
L1940		AFO MOLDED TO PATIENT MODEL PLASTIC		Y	BY REPORT
L1945		AFO MOLDED TO PATIENT MODEL PLASTIC RIGID ANTERIOR TIBIAL		Y	BY REPORT
L1950		AFO SPIRAL MOLDED TO PATIENT MODEL (IRM TYPE) PLASTIC		Y	BY REPORT
L1960		AFO POSTERIOR SOLID ANKLE MOLDED TO PATIENT MODEL PLASTIC		Y	\$317.67
L1970		AFO PLASTIC MOLDED TO PATIENT MODEL WITH ANKLE JOINT		Y	\$502.31
L1980		AFO SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION SOLID STIRRUP		Y	BY REPORT
L1990		AFO DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION SOLID STIRRUP		Y	BY REPORT
L2000		KNEE-ANKLE-FOOT-ORTHOSES (KAFO) SINGLE UPRIGHT FREE		Y	BY REPORT
L2010		KAFO SINGLE UPRIGHT FREE ANKLE SOLID STIRRUP		Y	BY REPORT
L2020		KAFO DOUBLE UPRIGHT FREE KNEE FREE ANKLE SOLID STIRRUP		Y	BY REPORT
L2030		KAFO DOUBLE UPRIGHT FREE ANKLE SOLID STIRRUP		Y	BY REPORT
L2035		KAFO FULL PLASTIC STATIC PREFABRICATED (PEDIATRIC SIZE)		Y	BY REPORT
L2036		KAFO FULL PLASTIC DOUBLE UPRIGHT FREE KNEE MOLDED TO PAT		Y	BY REPORT
L2037		KAFO FULL PLASTIC SINGLE UPRIGHT FREE KNEE MOLDED TO PAT		Y	BY REPORT
L2038		KAFO FULL PLASTIC WITHOUT KNEE JOINT MULTI-AXIS ANKLE MO		Y	BY REPORT
L2039		KAFO FULL PLASTIC SNGL POLY-AXIAL MED LAT ROTATION CUST		Y	BY REPORT
L2040		HIP-KNEE-ANKLE-FOOT ORTHOSIS (HKAFO) TORSION CONTROL BILATE		Y	BY REPORT
L2050		HKAFO TORSION CONTROL BILATERAL TORSION CABLES HIP		Y	BY REPORT
L2060		HKAFO TORSION CONTROL BILATERAL TORSION CABLES BALL		Y	BY REPORT
L2070		HKAFO TORSION CONTROL UNILATERAL ROTATION STRAPS		Y	BY REPORT
L2080		HKAFO TORSION CONTROL UNILATERAL TORSION CABLE HIP		Y	BY REPORT
L2090		HKAFO TORSION CONTROL UNILATERAL TORSION CABLE BALL		Y	BY REPORT
L2102		ANKLE-FOOT-ORTHOSES (AFO) FRACTURE ORTHOSIS TIBIAL FRACTUR		Y	BY REPORT
L2104		AFO FRACTURE ORTHOSIS TIBIAL FRACTURE CAST ORTHOSIS SYNTH		Y	BY REPORT
L2106		AFO FRACTURE ORTHOSIS TIBIAL FRACTURE CAST ORTHOSIS THERM		Y	BY REPORT
L2108		AFO FRACTURE ORTHOSIS TIBIAL FRACTURE CAST ORTHOSIS MOLDE		Y	BY REPORT
L2112		AFO FRACTURE ORTHOSIS TIBIAL FRACTURE ORTHOSIS SOFT CUSTO		Y	BY REPORT
L2114		AFO FRACTURE ORTHOSIS TIBIAL FRACTURE ORTHOSIS SEMI-RIGID		Y	BY REPORT
L2116		AFO FRACTURE ORTHOSIS TIBIAL FRACTURE ORTHOSIS RIGID CUST		Y	BY REPORT
L2122		KNEE-ANKLE-FOOT-ORTHOSES (KAFO) FRACTURE ORTHOSIS FEMORAL		Y	BY REPORT
L2124		KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS SYN		Y	BY REPORT
L2126		KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS THE		Y	BY REPORT
L2128		KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS MOL		Y	BY REPORT
L2132		KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS SOF		Y	BY REPORT

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L2134		KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS SEM		Y	BY REPORT
L2136		KAFO FRACTURE ORTHOSIS FEMORAL FRACTURE CAST ORTHOSIS RIG		Y	BY REPORT
L2180		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS PLASTIC SHOE		Y	BY REPORT
L2182		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS DROP LOCK KNEE		Y	BY REPORT
L2184		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS LIMITED MOTIO		Y	BY REPORT
L2186		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS ADJUSTABLE MO		Y	BY REPORT
L2188		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS QUADRILATERAL		Y	BY REPORT
L2190		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS WAIST BELT		Y	BY REPORT
L2192		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS HIP JOINT PE		Y	BY REPORT
L2200		ADDITION TO LOWER EXTREMITY LIMITED ANKLE MOTION EACH JOIN		Y	BY REPORT
L2210		ADDITION TO LOWER EXTREMITY DORSIFLEXION ASSIST (PLANTAR		Y	BY REPORT
L2220		ADDITION TO LOWER EXTREMITY DORSIFLEXION AND PLANTAR FLEXIO		Y	BY REPORT
L2230		ADDITION TO LOWER EXTREMITY SPLIT FLAT CALIPER STIRRUPS		Y	BY REPORT
L2240		ADDITION TO LOWER EXTREMITY ROUND CALIPER AND PLATE ATTACHM		Y	BY REPORT
L2250		ADDITION TO LOWER EXTREMITY FOOT PLATE MOLDED TO PATIENT		Y	BY REPORT
L2260		ADDITION TO LOWER EXTREMITY REINFORCED SOLID STIRRUP		Y	BY REPORT
L2265		ADDITION TO LOWER EXTREMITY LONG TONGUE STIRRUP		Y	BY REPORT
L2270		ADDITION TO LOWER EXTREMITY VARUS/VALGUS CORRECTION ("T")		Y	\$36.04
L2275		ADD TO LOWER EXT VARUS/VALGUS CORRECTION PLASTIC MOD PAD		Y	\$111.28
L2280		ADDITION TO LOWER EXTREMITY MOLDED INNER BOOT		Y	BY REPORT
L2300		ADDITION TO LOWER EXTREMITY ABDUCTION BAR (BILATERAL HIP		Y	BY REPORT
L2310		ADDITION TO LOWER EXTREMITY ABDUCTION BAR-STRAIGHT		Y	BY REPORT
L2320		ADDITION TO LOWER EXTREMITY NON-MOLDED LACER		Y	BY REPORT
L2330		ADDITION TO LOWER EXTREMITY LACER MOLDED TO PATIENT MODEL		Y	BY REPORT
L2335		ADDITION TO LOWER EXTREMITY ANTERIOR SWING BAND		Y	BY REPORT
L2340		ADDITION TO LOWER EXTREMITY PRE-TIBIAL SHELL		Y	BY REPORT
L2350		ADDITION TO LOWER EXTREMITY PROSTHETIC TYPE (BK) SOCKET		Y	BY REPORT
L2360		ADDITION TO LOWER EXTREMITY EXTENDED STEEL SHANK		Y	BY REPORT
L2370		ADDITION TO LOWER EXTREMITY PATTEN BOTTOM		Y	BY REPORT
L2375		ADDITION TO LOWER EXTREMITY TORSION CONTROL ANKLE JOINT A		Y	BY REPORT
L2380		ADDITION TO LOWER EXTREMITY TORSION CONTROL STRAIGHT KNEE		Y	BY REPORT
L2385		ADDITION TO LOWER EXTREMITY STRAIGHT KNEE JOINT HEAVY DUT		Y	BY REPORT
L2390		ADDITION TO LOWER EXTREMITY OFFSET KNEE JOINT EACH JOINT		Y	BY REPORT
L2395		ADDITION TO LOWER EXTREMITY OFFSET KNEE JOINT HEAVY DUTY		Y	BY REPORT
L2397		ADDITION TO LOWER EXTREMITY ORTHOSIS SUSPENSION SLEEVE		Y	\$81.74
L2405		ADDITION TO KNEE JOINT DROP LOCK EACH JOINT		Y	BY REPORT

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L2410		ADDITIONS TO LOWER EXTREMITY KNEE STRAIGHT KNEE JOINT CAM		Y	BY REPORT
L2415		ADDITION TO KNEE JOINT CAM LOCK (SWISS FRENCH BAIL TYPES)		Y	BY REPORT
L2425		ADDITION TO KNEE JOINT DISC OR DIAL LOCK FOR ADJUSTABLE KNEE		Y	BY REPORT
L2430		ADDITIONS TO LOWER EXTREMITY KNEE STRAIGHT KNEE JOINT		Y	BY REPORT
L2435		ADDITION TO KNEE JOINT POLYCENTRIC JOINT EACH JOINT		Y	BY REPORT
L2492		ADDITION TO KNEE JOINT LIFT LOOP FOR DROP LOCK RING		Y	BY REPORT
L2500		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING GLUTEAL/		Y	BY REPORT
L2510		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING QUADRI-		Y	BY REPORT
L2520		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING QUADRI-		Y	BY REPORT
L2525		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING ISCHIAL C		Y	BY REPORT
L2526		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING ISCHIAL C		Y	BY REPORT
L2530		ADDITION TO LOWER EXTREMITY THIGH-WEIGHT BEARING LACER		Y	BY REPORT
L2540		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING LACER		Y	BY REPORT
L2550		ADDITION TO LOWER EXTREMITY THIGH/WEIGHT BEARING HIGH		Y	BY REPORT
L2570		ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT CLEV		Y	BY REPORT
L2580		ADDITION TO LOWER EXTREMITY PELVIC CONTROL PELVIC SLING		Y	BY REPORT
L2600		ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT		Y	BY REPORT
L2610		ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT		Y	BY REPORT
L2620		ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT		Y	BY REPORT
L2622		ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT ADJU		Y	BY REPORT
L2624		ADDITION TO LOWER EXTREMITY PELVIC CONTROL HIP JOINT ADJU		Y	BY REPORT
L2627		ADDITION TO LOWER EXTREMITY PELVIC CONTROL PLASTIC MOLDED		Y	BY REPORT
L2628		ADDITION TO LOWER EXTREMITY PELVIC CONTROL METAL FRAME RE		Y	BY REPORT
L2630		ADDITION TO LOWER EXTREMITY PELVIC CONTROL BAND AND BELT		Y	BY REPORT
L2640		ADDITION TO LOWER EXTREMITY PELVIC CONTROL BAND AND BELT		Y	BY REPORT
L2650		ADDITION TO LOWER EXTREMITY PELVIC AND THORACIC CONTROL		Y	BY REPORT
L2660		ADDITION TO LOWER EXTREMITY THORACIC CONTROL THORACIC BAND		Y	BY REPORT
L2670		ADDITION TO LOWER EXTREMITY THORACIC CONTROL		Y	BY REPORT
L2680		ADDITION TO LOWER EXTREMITY THORACIC CONTROL		Y	BY REPORT
L2750		ADDITION TO LOWER EXTREMITY ORTHOSIS PLATING CHROME OR		Y	BY REPORT
L2755		ADDITION TO LOWER EXTREM. ORTHOSIS CARBON GRAPHITE LAMINATI		Y	\$95.88
L2760		ADDITION TO LOWER EXTREMITY ORTHOSIS EXTENSION PER		Y	BY REPORT
L2768		ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR		Y	\$102.16
L2770		ADDITION TO LOWER EXTREMITY ORTHOSIS ANY MATERIAL - PER BAR		Y	BY REPORT
L2780		ADDITION TO LOWER EXTREMITY ORTHOSIS NON-CORROSIVE FINISH		Y	BY REPORT
L2785		ADDITION TO LOWER EXTREMITY ORTHOSIS DROP LOCK RETAINER EA		Y	BY REPORT

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L2795		ADDITION TO LOWER EXTREMITY ORTHOSIS KNEE CONTROL FULL KNEE		Y	BY REPORT
L2800		ADDITION TO LOWER EXTREMITY ORTHOSIS KNEE CONTROL KNEE CAP		Y	BY REPORT
L2810		ADDITION TO LOWER EXTREMITY ORTHOSIS KNEE CONTROL CONDYLAR		Y	BY REPORT
L2820		ADDITION TO LOWER EXTREMITY ORTHOSIS SOFT INTERFACE FOR MOL		Y	BY REPORT
L2830		ADDITION TO LOWER EXTREMITY ORTHOSIS SOFT INTERFACE FOR MOL		Y	BY REPORT
L2840		ADDITION TO LOWER EXTREMITY ORTHOSIS TIBIAL LENGTH SOCK FR		Y	BY REPORT
L2850		ADDITION TO LOWER EXTREMITY ORTHOSIS FEMORAL LENGTH SOCK F		Y	BY REPORT
L2999		LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED		Y	BY REPORT
L3000		FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL "UCB" TYPE		Y	BY REPORT
L3001		FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL SPENCO EA		Y	BY REPORT
L3002		FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL PLASTAZOTE		Y	BY REPORT
L3003		FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL SILICONE		Y	BY REPORT
L3010		FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL LONGITUDIN		Y	BY REPORT
L3020		FOOT INSERT REMOVABLE MOLDED TO PATIENT MODEL LONGITUDIN		Y	BY REPORT
L3030		FOOT INSERT REMOVABLE FORMED TO PATIENT FOOT EACH		Y	BY REPORT
L3040		FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUDINAL EACH		Y	BY REPORT
L3050		FOOT ARCH SUPPORT REMOVABLE PREMOLDED METATARSAL EACH		Y	\$126.83
L3060		FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUDINAL/		Y	BY REPORT
L3070		FOOT ARCH SUPPORT NON-REMOVABLE ATTACHED TO SHOE		Y	BY REPORT
L3080		FOOT ARCH SUPPORT NON-REMOVABLE ATTACHED TO SHOE		Y	BY REPORT
L3090		FOOT ARCH SUPPORT NON-REMOVABLE ATTACHED TO SHOE		Y	BY REPORT
L3100		HALLUS-VALGUS NIGHT DYNAMIC SPLINT		Y	BY REPORT
L3140		FOOT ROTATION POSITIONING DEVICE INCLUDING SHOE(S)		Y	BY REPORT
L3150		FOOT ROTATION POSITIONING DEVICE WITHOUT SHOE(S)		Y	BY REPORT
L3170		FOOT PLASTIC HEEL STABILZER		Y	BY REPORT
L3204		ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR INFANT		Y	\$130.16
L3206		ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR CHILD		Y	\$130.16
L3207		ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR JUNIOR		Y	BY REPORT
L3208		SURGICAL BOOT EACH INFANT		Y	BY REPORT
L3209		SURGICAL BOOT EACH CHILD		Y	BY REPORT
L3211		SURGICAL BOOT EACH JUNIOR		Y	BY REPORT
L3212		BENESCH BOOT PAIR INFANT		Y	BY REPORT
L3213		BENESCH BOOT PAIR CHILD		Y	BY REPORT
L3214		BENESCH BOOT PAIR JUNIOR		Y	BY REPORT
L3218		ORTHOPEDIC FOOTWEAR LADIES SURGICAL BOOT EACH		Y	BY REPORT
L3223		ORTHOPEDIC FOOTWEAR MENS SURGICAL BOOT EACH		Y	BY REPORT

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L3224		ORTH FOOTWEAR WOMAN'S SHOE OXFORD USED AS AN INTEGRAL PART		Y	BY REPORT
L3225		ORTH FOOTWEAR MAN'S SHOE OXFORD USED AS AN INTEGRAL PART		Y	BY REPORT
L3250		ORTHOPEDIC FOOTWEAR CUSTOM MOLDED SHOE		Y	BY REPORT
L3253		FOOT MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED EAC		Y	BY REPORT
L3257		ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE FOR SPLIT SIZE		Y	BY REPORT
L3260		AMBULATORY SURGICAL BOOT EACH		Y	BY REPORT
L3265		PLASTAZOTE SANDAL EACH		Y	BY REPORT
L3300		LIFT ELEVATION HEEL TAPERED TO METATARSALS PER INCH		Y	BY REPORT
L3310		LIFT ELEVATION HEEL AND SOLE NEOPRENE PER INCH		Y	BY REPORT
L3320		LIFT ELEVATION HEEL AND SOLE CORK PER INCH		Y	BY REPORT
L3330		LIFT ELEVATION METAL EXTENSION (SKATE)		Y	BY REPORT
L3332		LIFT ELEVATION INSIDE SHOE TAPERED UP TO ONE-HALF INCH		Y	BY REPORT
L3334		LIFT ELEVATION HEEL PER INCH		Y	BY REPORT
L3340		HEEL WEDGE SACH		Y	BY REPORT
L3350		HEEL WEDGE		Y	BY REPORT
L3360		SOLE WEDGE OUTSIDE SOLE		Y	BY REPORT
L3370		SOLE WEDGE BETWEEN SOLE		Y	BY REPORT
L3380		CLUBFOOT WEDGE		Y	BY REPORT
L3390		OUTFLARE WEDGE		Y	BY REPORT
L3400		METATARSAL BAR WEDGE ROCKER		Y	BY REPORT
L3410		METATARSAL BAR WEDGE BETWEEN SOLE		Y	BY REPORT
L3420		FULL SOLE AND HEEL WEDGE BETWEEN SOLE		Y	BY REPORT
L3430		HEEL COUNTER PLASTIC REINFORCED		Y	BY REPORT
L3440		HEEL COUNTER LEATHER REINFORCED		Y	BY REPORT
L3450		HEEL SACH CUSHION TYPE		Y	BY REPORT
L3455		HEEL NEW LEATHER STANDARD		Y	BY REPORT
L3460		HEEL NEW RUBBER STANDARD		Y	BY REPORT
L3465		HEEL THOMAS WITH WEDGE		Y	BY REPORT
L3470		HEEL THOMAS EXTENDED TO BALL		Y	BY REPORT
L3480		HEEL PAD AND DEPRESSION FOR SPUR		Y	BY REPORT
L3485		HEEL PAD REMOVABLE FOR SPUR		Y	BY REPORT
L3500		ORTHOPEDIC SHOE ADDITION INSOLE LEATHER		Y	BY REPORT
L3510		ORTHOPEDIC SHOE ADDITION INSOLE RUBBER		Y	BY REPORT
L3520		ORTHOPEDIC SHOE ADDITION INSOLE FELT COVERED WITH LEATHER		Y	BY REPORT
L3530		ORTHOPEDIC SHOE ADDITION SOLE HALF		Y	BY REPORT
L3540		ORTHOPEDIC SHOE ADDITION SOLE FULL		Y	BY REPORT

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L3550		ORTHOPEDIC SHOE ADDITION TOE TAP STANDARD		Y	BY REPORT
L3560		ORTHOPEDIC SHOE ADDITION TOE TAP HORSESHOE		Y	BY REPORT
L3570		ORTHOPEDIC SHOE ADDITION SPECIAL EXTENSION TO INSTEP		Y	BY REPORT
L3580		ORTHOPEDIC SHOE ADDITION CONVERT INSTEP TO VELCRO CLOSURE		Y	BY REPORT
L3590		ORTHOPEDIC SHOE ADDITION CONVERT FIRM TO SOFT SHOE COUNTER		Y	BY REPORT
L3595		ORTHOPEDIC SHOE ADDITION MARCH BAR		Y	BY REPORT
L3600		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER CALIPER		Y	BY REPORT
L3610		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER CALIPER		Y	BY REPORT
L3620		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER SOLID		Y	BY REPORT
L3630		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER SOLID		Y	BY REPORT
L3640		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER DENNIS		Y	BY REPORT
L3649		ORTHOPEDIC SHOE MODIFICATION ADDITION OR TRANSFER NOS		Y	BY REPORT
L3650		SHOULDER ORTHOSIS (SO) FIGURE OF "8" DESIGN ABDUCTION RE-		Y	BY REPORT
L3660		SO FIGURE OF "8" DESIGN ABDUCTION RESTRAINER CANVAS		Y	BY REPORT
L3670		SO ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE)		Y	BY REPORT
L3675		SO VEST TYPE ABDUCTION RESTRAINER CANVAS WEBBING TYPE		Y	\$120.77
L3677		SHOULDER ORTHOSIS, HARD PLASTIC, SHOULDER STABILIZER, PRE-		Y	BY REPORT
L3700		ELBOW ORTHOSES (EO) ELASTIC WITH STAYS		Y	BY REPORT
L3710		EO ELASTIC WITH METAL JOINTS		Y	BY REPORT
L3720		EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS FREE MOTION		Y	BY REPORT
L3730		EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS EXTENSION/		Y	BY REPORT
L3740		EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS ADJUSTABLE		Y	BY REPORT
L3760		ELBOW ORTHOSIS, W/ADJUST POSITION LOCKING JNT(S), PREFABRICATED.		Y	\$344.13
L3800		WRIST-HAND-FINGER-ORTHOSES (WHFO) SHORT OPPONENS NO		Y	BY REPORT
L3805		WHFO LONG OPPONENS NO ATTACHMENT		Y	BY REPORT
L3807		WHFO EXTENSION ASSIST WITH INFLATABLE PALMAR AIR SUPPORT		Y	BY REPORT
L3810		WHFO ADDITION TO SHORT AND LONG OPPONENS THUMB ABDUCTION		Y	BY REPORT
L3815		WHFO ADDITION TO SHORT AND LONG OPPONENS SECOND M.P.		Y	BY REPORT
L3820		WHFO ADDITION TO SHORT AND LONG OPPONENS I.P. EXTENSION		Y	BY REPORT
L3825		WHFO ADDITION TO SHORT AND LONG OPPONENS M.P. EXTENSION		Y	BY REPORT
L3830		WHFO ADDITION TO SHORT AND LONG OPPONENS M.P. EXTENSION		Y	BY REPORT
L3835		WHFO ADDITION TO SHORT AND LONG OPPONENS M.P. SPRING		Y	BY REPORT
L3840		WHFO ADDITION TO SHORT AND LONG OPPONENS SPRING SWIVEL		Y	BY REPORT
L3845		WHFO ADDITION TO SHORT AND LONG OPPONENS THUMB I.P.		Y	BY REPORT
L3850		WHFO ADDITION TO SHORT AND LONG OPPONENS ACTION WRIST WI		Y	BY REPORT
L3855		WHFO ADDITION TO SHORT AND LONG OPPONENS ADJUSTABLE M.P.		Y	BY REPORT

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
L3860		WHFO ADDITION TO SHORT AND LONG OPPONENS ADJUSTABLE M.P.		Y	BY REPORT
L3900		WHFO DYNAMIC FLEXOR HINGE RECIPROCAL WRIST EXTENSION/		Y	BY REPORT
L3901		WHFO DYNAMIC FLEXOR HINGE RECIPROCAL WRIST EXTENSION/		Y	BY REPORT
L3902		WHFO EXTERNAL POWERED COMPRESSED GAS		Y	BY REPORT
L3904		WHFO EXTERNAL POWERED ELECTRIC		Y	BY REPORT
L3906		WHFO WRIST GAUNTLET MOLDED TO PATIENT MODEL		Y	BY REPORT
L3907		WHFO WRIST GAUNTLED WITH THUMB SPICA MOLDED TO PATIENT MOD		Y	BY REPORT
L3908		WHO WRIST EXTENSION CONTROL COCK-UP NON MOLDED		Y	BY REPORT
L3910		WHFO SWANSON DESIGN		Y	BY REPORT
L3912		WHFO FLEXION GLOVE WITH ELASTIC FINGER CONTROL		Y	BY REPORT
L3914		WHFO WRIST EXTENSION COCK-UP		Y	BY REPORT
L3916		WHFO WRIST EXTENSION COCK-UP WITH OUTRIGGER		Y	BY REPORT
L3918		WHFO KNUCKLE BENDER		Y	BY REPORT
L3920		WHFO KNUCKLE BENDER WITH OUTRIGGER		Y	BY REPORT
L3922		WHFO KNUCKLE BENDER TWO SEGMENT TO FLEX JOINTS		Y	BY REPORT
L3923		HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED.		Y	\$26.78
L3924		WHFO OPPENHEIMER		Y	BY REPORT
L3926		WHFO THOMAS SUSPENSION		Y	BY REPORT
L3928		WHFO FINGER EXTENSION WITH CLOCK SPRING		Y	BY REPORT
L3930		WHFO FINGER EXTENSION WITH WRIST SUPPORT		Y	BY REPORT
L3932		WHFO SAFETY PIN SPRING WIRE		Y	BY REPORT
L3934		WHFO SAFETY PIN MODIFIED		Y	BY REPORT
L3936		WHFO PALMER		Y	BY REPORT
L3938		WHFO DORSAL WRIST		Y	BY REPORT
L3940		WHFO DORSAL WRIST WITH OUTRIGGER ATTACHMENT		Y	BY REPORT
L3942		WHFO REVERSE KNUCKLE BENDER		Y	BY REPORT
L3944		WHFO REVERSE KNUCKLE BENDER WITH OUTRIGGER		Y	BY REPORT
L3946		WHFO COMPOSITE ELASTIC		Y	BY REPORT
L3948		WHFO FINGER KNUCKLE BENDER		Y	BY REPORT
L3950		WHFO COMBINATION OPPENHEIMER WITH KNUCKLE BENDER AND TWO		Y	BY REPORT
L3952		WHFO COMBINATION OPPENHEIMER WITH REVERSE KNUCKLE AND TWO		Y	BY REPORT
L3954		WHFO SPREADING HAND		Y	BY REPORT
L3960		SHOULDER-ELBOW-WRIST-HAND ORTHOSIS (SEWHO) ABDUCTION		Y	BY REPORT
L3962		SEWHO ABDUCTION POSITIONING ERBS PALSEY DESIGN		Y	BY REPORT
L3963		SEWHO MOLDED SHOULDER ARM FOREARM AND WRIST WITH ARTICU		Y	BY REPORT
L3964		SEWHO MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR		Y	BY REPORT

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L3965		SEWHO-RADIAL ARM SUPPORT. ATTACHED TO WHEELCHAIR		Y	BY REPORT
L3966		SEWHO MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR		Y	BY REPORT
L3968		SEWHO MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR		Y	BY REPORT
L3969		SEWHO MOBILE ARM SUPPORT MONOSUSPENSION ARM AND HAND SUPPO		Y	BY REPORT
L3970		SEWHO ADDITION TO MOBILE ARM SUPPORT ELEVATING PROXIMAL AR		Y	BY REPORT
L3972		SEWHO ADDITION TO MOBILE ARM SUPPORT OFFSET OR LATERAL		Y	BY REPORT
L3974		SEWHO ADDITION TO MOBILE ARM SUPPORT SUPINATOR		Y	BY REPORT
L3980		UPPER EXTREMITY FRACTURE ORTHOSIS HUMERAL		Y	BY REPORT
L3982		UPPER EXTREMITY FRACTURE ORTHOSIS RADIUS/ULNAR		Y	BY REPORT
L3984		UPPER EXTREMITY FRACTURE ORTHOSIS WRIST		Y	BY REPORT
L3985		UPPER EXTREMITY FRACTURE ORTHOSIS FOREARM HAND WITH WRIST		Y	BY REPORT
L3986		UPPER EXTREMITY FRACTURE ORTHOSIS COMBINATION OF		Y	BY REPORT
L3995		ADDITION TO UPPER EXTREMITY ORTHOSIS SOCK FRACTURE OR EQUA		Y	BY REPORT
L3999		UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED		Y	BY REPORT
L4000		REPLACE GIRDLE FOR MILWAUKEE ORTHOSIS		Y	BY REPORT
L4010		REPLACE TRILATERAL SOCKET BRIM		Y	BY REPORT
L4020		REPLACE QUADRILATERAL SOCKET BRIM MOLDED TO PATIENT MODEL		Y	BY REPORT
L4030		REPLACE QUADRILATERAL SOCKET BRIM CUSTOM FITTED		Y	BY REPORT
L4040		REPLACE MOLDED THIGH LACER		Y	BY REPORT
L4045		REPLACE NON-MOLDED THIGH LACER		Y	BY REPORT
L4050		REPLACE MOLDED CALF LACER		Y	BY REPORT
L4055		REPLACE NON-MOLDED CALF LACER		Y	BY REPORT
L4060		REPLACE HIGH ROLL CUFF		Y	BY REPORT
L4070		REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO		Y	BY REPORT
L4080		REPLACE METAL BANDS KAFO PROXIMAL THIGH		Y	BY REPORT
L4090		REPLACE METAL BANDS KAFO-AFO CALF OR DISTAL THIGH		Y	BY REPORT
L4100		REPLACE LEATHER CUFF KAFO PROXIMAL THIGH		Y	BY REPORT
L4110		REPLACE LEATHER CUFF KAFO-AFO CALF OR DISTAL THIGH		Y	BY REPORT
L4205		REPAIR OF ORTHOTIC DEVICE LABOR COMPONENT PER 15 MINUTES		Y	BY REPORT
L4210		REPAIR OF ORTHOTIC DEVICE REPAIR OR REPLACE MINOR PARTS		Y	\$54.65
L4350		PNEUMATIC ANKLE CONTROL SPLINT (E.G. AIRCAST)		Y	\$29.69
L4360		PNEUMATIC WALKING SPLINT (E.G. AIRCAST)		Y	BY REPORT
L4370		PNEUMATIC FULL LEG SPLINT (E.G. AIRCAST)		Y	BY REPORT
L4380		PNEUMATIC KNEE SPLINT (E.G. AIRCAST)		Y	BY REPORT
L4392		REPLACE SOFT INTERFACE MATERIAL ANKLE CONTRACTURE SPLINT		Y	\$17.12
L4394		REPLACE SOFT INTERFACE MATERIAL FOOT DROP SPLINT		Y	\$12.51

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L4396		ANKLE CONTRACTURE SPLINT		Y	\$122.15
L4398		FOOT DROP SPLINT RECUMBENT POSITIONING DEVICE		Y	\$56.24
L5000*		PARTIAL FOOT SHOE INSERT WITH LONGITUDINAL ARCH TOE FILLER		Y	BY REPORT
L5010*		PARTIAL FOOT MOLDED SOCKET ANKLE HEIGHT WITH TOE FILLER		Y	BY REPORT
L5020*		PARTIAL FOOT MOLDED SOCKET TIBIAL TUBERCLE HEIGHT WITH TO		Y	BY REPORT
L5050*		ANKLE SYMES MOLDED SOCKET SACH FOOT		Y	BY REPORT
L5060*		ANKLE SYMES METAL FRAME MOLDED LEATHER SOCKET		Y	BY REPORT
L5100*		BELOW KNEE MOLDED SOCKET SHIN SACH FOOT		Y	BY REPORT
L5105*		BELOW KNEE PLASTIC SOCKET JOINTS AND THIGH LACER SACH FOO		Y	BY REPORT
L5150*		KNEE DISARTICULATION (OR THROUGH KNEE) MOLDED SOCKET EXTER		Y	BY REPORT
L5160*		KNEE DISARTICULATION (OR THROUGH KNEE) MOLDED SOCKET BENT		Y	BY REPORT
L5200*		ABOVE KNEE MOLDED SOCKET SINGLE AXIS CONSTANT FRICTION		Y	BY REPORT
L5210*		ABOVE KNEE SHORT PROSTHESIS NO KNEE JOINT ("STUBBIES") WI		Y	BY REPORT
L5220*		ABOVE KNEE SHORT PROSTHESIS NO KNEE JOINT ("STUBBIES") WI		Y	BY REPORT
L5230*		ABOVE KNEE FOR PROXIMAL FEMORAL FOCAL DEFICIENCY CONSTANT		Y	BY REPORT
L5250*		HIP DISARTICULATION CANADIAN TYPE; MOLDED SOCKET HIP JOINT		Y	BY REPORT
L5270*		HIP DISARTICULATION TILT TABLE TYPE; MOLDED SOCKET LOCKING		Y	BY REPORT
L5280*		HEMIPELVECTOMY CANADIAN TYPE; MOLDED SOCKET HIP JOINT SIN		Y	BY REPORT
L5301*		BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	Y	Y	\$1,788.58
L5311*		KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL	Y	Y	\$2,817.79
L5321*		ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL	Y	Y	\$2,539.37
L5331*		HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL	Y	Y	\$4,328.46
L5341*		HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL	Y	Y	\$4,686.81
L5400*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF		Y	BY REPORT
L5410*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF		Y	BY REPORT
L5420*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF		Y	BY REPORT
L5430*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INI		Y	BY REPORT
L5450*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF NON		Y	BY REPORT
L5460*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF NON		Y	BY REPORT
L5500*		INITIAL BELOW KNEE "PTB" TYPE SOCKET "USMC" OR EQUAL PYLON		Y	BY REPORT
L5505*		INITIAL ABOVE KNEE - KNEE DISARTICULATION ISCHIAL LEVEL SO		Y	BY REPORT
L5510*		PREPARATORY BELOW KNEE "PTB" TYPE SOCKET		Y	BY REPORT
L5520*		PREPARATORY BELOW KNEE "PTB" TYPE SOCKET "USMC" OR EQUAL		Y	BY REPORT
L5530*		PREPARATORY BELOW KNEE "PTB" TYPE SOCKET		Y	BY REPORT
L5535*		PREPARATORY BELOW KNEE "PTB" TYPE SOCKET USMC OR EQUAL PYL		Y	BY REPORT
L5540*		PREPARATORY BELOW KNEE "PTB" TYPE SOCKET		Y	BY REPORT

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L5560*		PREPARATORY ABOVE KNEE- KNEE DISARTICULATION ISCHIAL LEVEL		Y	BY REPORT
L5570*		PREPARATORY ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL		Y	BY REPORT
L5580*		PREPARATORY ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL		Y	BY REPORT
L5585*		PREPARATORY ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL		Y	BY REPORT
L5590*		PREPARATORY ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL		Y	BY REPORT
L5595*		PREPARATORY HIP DISARTICULATION-HEMIPELVECTOMY PYLON NO C		Y	BY REPORT
L5600*		PREPARATORY HIP DISARTICULATION-HEMIPELVECTOMY PYLON NO C		Y	BY REPORT
L5610*		ADDITION TO LOWER EXTREMITY ABOVE KNEE HYDRACADENCE SYSTEM		Y	BY REPORT
L5611*		ADDITION TO LOWER EXTREMITY ABOVE KNEE-KNEE DISARTICULATION		Y	BY REPORT
L5612*		ADDITIONS TO LOWER EXTREMITY ABOVE KNEE POLYCADENCE		Y	BY REPORT
L5613*		ADDITION TO LOWER EXTREMITY ABOVE KNEE-KNEE DISARTICULATION		Y	BY REPORT
L5614*		ADDITIONS TO LOWER EXTREMITY ABOVE KNEE LAWRENCE POLYCENTR	Y	Y	\$2,949.92
L5616*		ADDITION TO LOWER EXTREMITY ABOVE KNEE UNIVERSAL MULTIPLEX		Y	BY REPORT
L5617*		ADDITIONS TO LOWER EXTREMITY QUICK CHANGE SELF ALIGNING UNI		Y	\$395.02
L5618*		ADDITION TO LOWER EXTREMITY TEST SOCKET SYMES		Y	BY REPORT
L5620*		ADDITION TO LOWER EXTREMITY TEST SOCKET BELOW KNEE		Y	BY REPORT
L5622*		ADDITION TO LOWER EXTREMITY TEST SOCKET KNEE DISARTICULATI		Y	BY REPORT
L5624*		ADDITION TO LOWER EXTREMITY TEST SOCKET ABOVE KNEE		Y	BY REPORT
L5626*		ADDITION TO LOWER EXTREMITY TEST SOCKET HIP DISARTICULATIO		Y	BY REPORT
L5628*		ADDITION TO LOWER EXTREMITY TEST SOCKET HEMIPELVECTOMY		Y	BY REPORT
L5629*		ADDITION TO LOWER EXTREMITY BELOW KNEE ACRYLIC SOCKET		Y	BY REPORT
L5630*		ADDITION TO LOWER EXTREMITY SYMES TYPE EXPANDABLE WALL		Y	BY REPORT
L5631*		ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULAT		Y	BY REPORT
L5632*		ADDITION TO LOWER EXTREMITY SYMES TYPE "PTB" BRIM DESIGN		Y	BY REPORT
L5634*		ADDITION TO LOWER EXTREMITY SYMES TYPE POSTERIOR OPENING		Y	BY REPORT
L5636*		ADDITION TO LOWER EXTREMITY SYMES TYPE MEDIAL OPENING		Y	BY REPORT
L5637*		ADDITION TO LOWER EXTREMITY BELOW KNEE TOTAL CONTACT		Y	BY REPORT
L5638*		ADDITION TO LOWER EXTREMITY BELOW KNEE LEATHER SOCKET		Y	BY REPORT
L5639		ADDITION TO LOWER EXTREMITY BELOW KNEE WOOD SOCKET		Y	BY REPORT
L5640*		ADDITION TO LOWER EXTREMITY KNEE DISARTICULATION LEATHER		Y	BY REPORT
L5642*		ADDITION TO LOWER EXTREMITY ABOVE KNEE LEATHER SOCKET		Y	BY REPORT
L5643*		ADDITION TO LOWER EXTREMITY HIP DISARTICULATION FLEXIBLE		Y	BY REPORT
L5644*		ADDITION TO LOWER EXTREMITY ABOVE KNEE WOOD SOCKET		Y	BY REPORT
L5645*		ADDITION TO LOWER EXTREMITY BELOW KNEE FLEXIBLE INNER SOC		Y	BY REPORT
L5646*		ADDITION TO LOWER EXTREMITY BELOW KNEE AIR CUSHION SOCKET		Y	BY REPORT
L5647*		ADDITION TO LOWER EXTREMITY BELOW KNEE SUCTION SOCKET		Y	BY REPORT

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L5648*		ADDITION TO LOWER EXTREMITY ABOVE KNEE AIR CUSHION SOCKET		Y	BY REPORT
L5649*		ADDITION TO LOWER EXTREMITY ISCHIAL CONTAINMENT/NARROW M-L		Y	BY REPORT
L5650*		ADDITIONS TO LOWER EXTREMITY TOTAL CONTACT ABOVE KNEE OR		Y	BY REPORT
L5651*		ADDITION TO LOWER EXTREMITY ABOVE KNEE FLEXIBLE INNER SOC		Y	BY REPORT
L5652*		ADDITION TO LOWER EXTREMITY SUCTION SUSPENSION ABOVE KNEE		Y	BY REPORT
L5653*		ADDITION TO LOWER EXTREMITY KNEE DISARTICULATION EXPANDAB		Y	BY REPORT
L5654*		ADDITION TO LOWER EXTREMITY SOCKET INSERT SYMES (KEMBLO		Y	BY REPORT
L5655*		ADDITION TO LOWER EXTREMITY SOCKET INSERT BELOW KNEE		Y	BY REPORT
L5656*		ADDITION TO LOWER EXTREMITY SOCKET INSERT KNEE DISARTICUL		Y	BY REPORT
L5658*		ADDITION TO LOWER EXTREMITY SOCKET INSERT ABOVE KNEE		Y	BY REPORT
L5660*		ADDITION TO LOWER EXTREMITY SOCKET INSERT SYMES SILICONE		Y	BY REPORT
L5661*		ADDITION TO LOWER EXTREMITY SOCKET INSERT MULTI-DUROMETER		Y	BY REPORT
L5662*		ADDITION TO LOWER EXTREMITY SOCKET INSERT BELOW KNEE		Y	BY REPORT
L5663*		ADDITION TO LOWER EXTREMITY SOCKET INSERT KNEE DISARTI-		Y	BY REPORT
L5664*		ADDITION TO LOWER EXTREMITY SOCKET INSERT ABOVE KNEE		Y	BY REPORT
L5665*		ADDITION TO LOWER EXTREMITY SOCKET INSERT MULTI-DUROMETER		Y	BY REPORT
L5666*		ADDITION TO LOWER EXTREMITY BELOW KNEE CUFF SUSPENSION		Y	BY REPORT
L5668*		ADDITION TO LOWER EXTREMITY BELOW KNEE MOLDED DISTAL		Y	BY REPORT
L5670*		ADDITION TO LOWER EXTREMITY BELOW KNEE MOLDED SUPRACONDYL		Y	BY REPORT
L5671*		ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION		Y	\$512.41
L5672*		ADDITION TO LOWER EXTREMITY BELOW KNEE REMOVABLE MEDIAL		Y	BY REPORT
L5674*		ADDITION TO LOWER EXTREMITY BELOW KNEE LATEX SLEEVE		Y	BY REPORT
L5675*		ADDITION TO LOWER EXTREMITY BELOW KNEE LATEX SLEEVE SUSPE		Y	BY REPORT
L5676*		ADDITIONS TO LOWER EXTREMITY BELOW KNEE KNEE JOINTS SINGL		Y	BY REPORT
L5677*		ADDITIONS TO LOWER EXTREMITY BELOW KNEE KNEE JOINTS POLYC		Y	BY REPORT
L5678*		ADDITIONS TO LOWER EXTREMITY BELOW KNEE JOINT COVERS PAIR		Y	BY REPORT
L5680*		ADDITION TO LOWER EXTREMITY BELOW KNEE THIGH LACER NON-		Y	BY REPORT
L5682*		ADDITION TO LOWER EXTREMITY BELOW KNEE THIGH LACER		Y	BY REPORT
L5684*		ADDITION TO LOWER EXTREMITY BELOW KNEE FORK STRAP		Y	BY REPORT
L5686*		ADDITION TO LOWER EXTREMITY BELOW KNEE BACK CHECK		Y	BY REPORT
L5688*		ADDITION TO LOWER EXTREMITY BELOW KNEE WAIST BELT WEBBIN		Y	BY REPORT
L5690*		ADDITION TO LOWER EXTREMITY BELOW KNEE WAIST BELT PADDED		Y	BY REPORT
L5692*		ADDITION TO LOWER EXTREMITY ABOVE KNEE PELVIC CONTROL BEL		Y	BY REPORT
L5694*		ADDITION TO LOWER EXTREMITY ABOVE KNEE PELVIC CONTROL BEL		Y	BY REPORT
L5695*		ADDITION TO LOWER EXTREMITY ABOVE KNEE PELVIC CONTROL SLE		Y	BY REPORT
L5696*		ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULA		Y	BY REPORT

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L5697*		ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULA		Y	BY REPORT
L5698*		ADDITION TO LOWER EXTREMITY ABOVE KNEE OR KNEE DISARTICULA		Y	BY REPORT
L5699*		ALL LOWER EXTREMITY PROSTHESES SHOULDER HARNESS		Y	BY REPORT
L5700*		REPLACEMENT SOCKET BELOW KNEE MOLDED TO PATIENT MODEL	Y	Y	\$1,918.78
L5701*		REPLACEMENT SOCKET ABOVE KNEE/KNEE DISART INC ATT PLATE	Y	Y	\$2,561.01
L5702*		REPL SOCKET HIP DISART INC HIP JOINT MOLDED TO PATIENT MODEL	Y	Y	\$3,529.82
L5704*		REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER BELOW KNEE		Y	\$400.41
L5705*		REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE		Y	\$679.88
L5706*		REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER KNEE DISARTICULA		Y	\$670.83
L5707*		REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC		Y	\$925.55
L5710*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL		Y	BY REPORT
L5711*		ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL		Y	BY REPORT
L5712*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FRICTI		Y	BY REPORT
L5714*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS VARIAB		Y	BY REPORT
L5716*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC MECHAN		Y	BY REPORT
L5718*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC FRICT		Y	BY REPORT
L5722*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMA		Y	BY REPORT
L5724*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID		Y	BY REPORT
L5726*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS EXTERN		Y	BY REPORT
L5728*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID		Y	BY REPORT
L5780*		ADDITION EXOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMA		Y	BY REPORT
L5785*		ADDITION EXOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATERI		Y	BY REPORT
L5790*		ADDITION EXOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATERI		Y	BY REPORT
L5795*		ADDITION EXOSKELETAL SYSTEM HIP DISARTICULATION ULTRA-LIG		Y	BY REPORT
L5810*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL		Y	BY REPORT
L5811*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS MANUAL		Y	BY REPORT
L5812*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FRICTI		Y	BY REPORT
L5814*		KNEE-SHIN SYST SINGLE AXIS VARIABLE FRICTION SWING CONTROL		Y	BY REPORT
L5816*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC MECHAN		Y	BY REPORT
L5818*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM POLYCENTRIC FRICTI		Y	BY REPORT
L5822*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMA		Y	BY REPORT
L5824*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID		Y	BY REPORT
L5826*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS HYDRAU		Y	BY REPORT
L5828*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS FLUID		Y	BY REPORT
L5830*		ADDITION ENDOSKELETAL KNEE-SHIN SYSTEM SINGLE AXIS PNEUMA		Y	BY REPORT
L5840*		ADD ENDOSKEL KNEE/SKIN SYSTEM 4-BAR OR MULTIAXIAL PNEUM	Y	Y	\$1,913.12

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
L5845*		ADD ENDOSKEL KNEE SHIN SYSTEM STANCE FLEXION FEATURE ADJUST	Y	Y	\$2,651.44
L5846*		ADD ENDOSKEL KNEE SHIN SYSTEM MICROPROCESSOR SWING PHASE	Y	Y	\$3,826.96
L5847*		ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL	Y	Y	\$12,167.53
L5850*		ADDITION ENDOSKELETAL SYSTEM ABOVE KNEE OR HIP DISARTICUL		Y	BY REPORT
L5855*		ADD ENDOSKEL SYS HIP DISART MECHANICAL HIP EXT ASSIST		Y	\$276.84
L5910*		ADDITION ENDOSKELETAL SYSTEM BELOW KNEE ALIGNABLE SYSTEM		Y	BY REPORT
L5920*		ADDITION ENDOSKELETAL SYSTEM ABOVE KNEE OR HIP DISARTICULA		Y	BY REPORT
L5925*		ADD ENDOSKEL SYS ABOVE KNEE KNEE DISART OR HIP DISART MANUAL		Y	\$302.94
L5930*		ADD ENDOSKEL SYS HIGH ACTIVITY KNEE CONTROL FRAME	Y	Y	\$2,376.32
L5940*		ADDITION ENDOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATE		Y	BY REPORT
L5950*		ADDITION ENDOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATE		Y	BY REPORT
L5960*		ADDITION ENDOSKELETAL SYSTEM HIP DISARTICULATION ULTRA-L		Y	BY REPORT
L5962*		ADD ENDOSK SYS BELOW KNEE FLEXIBLE PROT OUTER SURFACE COVER		Y	\$506.35
L5964*		ADD ENDOSK SYS ABOVE KNEE FLEXIBLE PROT OUTER SURFACE COV		Y	\$715.46
L5966*		ADD ENDOSK SYS HIP DISART FLEXIBLE PROTECTIVE OUTER SURFACE		Y	\$909.94
L5968*		ALL LOWER EXTREM PROSTHESES ANKLE MULTIAXIAL SHOCK ABSORBI	Y	Y	\$2,753.04
L5970*		ALL LOWER EXTREMITY PROSTHESES FOOT EXTERNAL KEEL SACH FO		Y	BY REPORT
L5972*		ALL LOWER EXTREMITY PROSTHESES FLEXIBLE KEEL FOOT (SAFE ST		Y	BY REPORT
L5974*		ALL LOWER EXTREMITY PROSTHESES FOOT SINGLE AXIS ANKLE/FOOT		Y	BY REPORT
L5975*		ALL LOWER EXTREM PROSTHESES COMBO SNGL AXIS ANKLE/FLEX KEEL		Y	\$351.23
L5976*		ALL LOWER EXTREMITY PROSTHESES ENERGY STORING FOOT (SEATTLE		Y	BY REPORT
L5978*		ALL LOWER EXTREMITY PROSTHESES FOOT MULTIAXIAL ANKLE/FOOT		Y	BY REPORT
L5979*		ALL LOWER EXT PROSTHESES MULTI AXIAL ANKLE/FOOT DYNAMIC RES	Y	Y	\$1,867.66
L5980*		ALL LOWER EXTREMITY PROSTHESES FLEX FOOT SYSTEM		Y	BY REPORT
L5981*		ALL LOWER EXTREMIT PROSTHESES FLEXIBLE WALK SYSTEM OR EQUAL	Y	Y	\$2,184.47
L5982*		ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES AXIAL ROTATION U		Y	BY REPORT
L5984*		ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES AXIAL ROTATION		Y	BY REPORT
L5985*		ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES DYNAMIC PROSTHE		Y	\$199.35
L5986*		ALL LOWER EXTREMITY PROSTHESES MULTI-AXIAL ROTATION UNIT ("		Y	BY REPORT
L5988*		ALL LOWER EXTREM PROSTHESES COMBO VERTICAL SHOCK/MULTIAXIAL	Y	Y	\$1,513.42
L5989*		ADDITION TO LOWER EXTREMITY PROSTHESES, ENDOSKELETAL SYSTEM,	Y	Y	\$2,433.50
L5990*		ADDITION TO LOWER EXTREMITY PROSTHESES, USER ADJUSTABLE HEEL	Y	Y	\$1,425.28
L5999*		LOWER EXTREMITY PROSTHESES NOT OTHERWISE SPECIFIED		Y	BY REPORT
L6000*		PARTIAL HAND ROBIN-AIDS THUMB REMAINING (OR EQUAL)		Y	BY REPORT
L6010*		PARTIAL HAND ROBIN-AIDS LITTLE AND/OR RING FINGER REMAININ		Y	BY REPORT
L6020*		PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING (OR EQUAL)		Y	BY REPORT

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# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

*To be used in conjunction with current HCPCS publications.*

Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
L6050*		WRIST DISARTICULATION MOLDED SOCKET FLEXIBLE ELBOW HINGES		Y	BY REPORT
L6055*		WRIST DISARTICULATION MOLDED SOCKET WITH EXPANDABLE INTERFA		Y	BY REPORT
L6100*		BELOW ELBOW MOLDED SOCKET FLEXIBLE ELBOW HINGE TRICEPS		Y	BY REPORT
L6110*		BELOW ELBOW MOLDED SOCKET (MUENSTER OR NORTHWESTERN SUS-		Y	BY REPORT
L6120*		BELOW ELBOW MOLDED DOUBLE WALL SPLIT SOCKET STEP-UP HINGES		Y	BY REPORT
L6130*		BELOW ELBOW MOLDED DOUBLE WALL SPLIT SOCKET STUMP ACTIVATE		Y	BY REPORT
L6200*		ELBOW DISARTICULATION MOLDED SOCKET OUTSIDE LOCKING HINGE		Y	BY REPORT
L6205*		ELBOW DISARTICULATION MOLDED SOCKET WITH EXPANDABLE INTERFA		Y	BY REPORT
L6250*		ABOVE ELBOW MOLDED DOUBLE WALL SOCKET INTERNAL LOCKING ELB		Y	BY REPORT
L6300*		SHOULDER DISARTICULATION MOLDED SOCKET SHOULDER BULKHEAD		Y	BY REPORT
L6310*		SHOULDER DISARTICULATION PASSIVE RESTORATION (COMPLETE PROS		Y	BY REPORT
L6320*		SHOULDER DISARTICULATION PASSIVE RESTORATION (SHOULDER CAP		Y	BY REPORT
L6350*		INTERSCAPULAR THORACIC MOLDED SOCKET SHOULDER BULKHEAD		Y	BY REPORT
L6360*		INTERSCAPULAR THORACIC PASSIVE RESTORATION (COMPLETE PROS-		Y	BY REPORT
L6370*		INTERSCAPULAR THORACIC PASSIVE RESTORATION (SHOULDER CAP ON		Y	BY REPORT
L6380*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INI		Y	BY REPORT
L6382*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INI		Y	BY REPORT
L6384*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF INI		Y	BY REPORT
L6386*		IMMEDIATE POST SURGICAL OR EARLY FITTING EACH ADDITIONAL CA		Y	BY REPORT
L6388*		IMMEDIATE POST SURGICAL OR EARLY FITTING APPLICATION OF RIG		Y	BY REPORT
L6400*		BELOW ELBOW MOLDED SOCKET ENDOSKELETAL SYSTEM INCLUDING		Y	BY REPORT
L6450*		ELBOW DISARTICULATION MOLDED SOCKET ENDOSKELETAL SYSTEM		Y	BY REPORT
L6500*		ABOVE ELBOW MOLDED SOCKET ENDOSKELETAL SYSTEM INCLUDING		Y	BY REPORT
L6550*		SHOULDER DISARTICULATION MOLDED SOCKET ENDOSKELETAL SYSTEM		Y	BY REPORT
L6570*		INTERSCAPULAR THORACIC MOLDED SOCKET ENDOSKELETAL SYSTEM		Y	BY REPORT
L6580*		PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WA		Y	BY REPORT
L6582*		PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WA		Y	BY REPORT
L6584*		PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WA		Y	BY REPORT
L6586*		PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WA		Y	BY REPORT
L6588*		PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORA		Y	BY REPORT
L6590*		PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORA		Y	BY REPORT
L6600*		UPPER EXTREMITY ADDITIONS POLYCENTRIC HINGE PAIR		Y	BY REPORT
L6605*		UPPER EXTREMITY ADDITIONS SINGLE PIVOT HINGE PAIR		Y	BY REPORT
L6610*		UPPER EXTREMITY ADDITIONS FLEXIBLE METAL HINGE PAIR		Y	BY REPORT
L6615*		UPPER EXTREMITY ADDITIONS DISCONNECT LOCKING WRIST UNIT		Y	BY REPORT
L6616*		UPPER EXTREMITY ADDITION ADDITIONAL DISCONNECT INSERT FOR L		Y	BY REPORT

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L6620*		UPPER EXTREMITY ADDITIONS FLEXION-FRICTION WRIST UNIT		Y	BY REPORT
L6623*		UPPER EXTREMITY ADDITION SPRING ASSISTED ROTATIONAL WRIST		Y	BY REPORT
L6625*		UPPER EXTREMITY ADDITIONS ROTATION WRIST UNIT WITH CABLE		Y	BY REPORT
L6628*		UPPER EXTREMITY ADDITION QUICK DISCONNECT HOOK ADAPTER OT		Y	BY REPORT
L6629*		UPPER EXTREMITY ADDITION QUICK DISCONNECT LAMINATION COLLA		Y	BY REPORT
L6630*		UPPER EXTREMITY ADDITIONS STAINLESS STEEL ANY WRIST		Y	BY REPORT
L6632*		UPPER EXTREMITY ADDITION LATEX SUSPENSION SLEEVE EACH		Y	BY REPORT
L6635*		UPPER EXTREMITY ADDITIONS LIFT ASSIST FOR ELBOW		Y	BY REPORT
L6637*		UPPER EXTREMITY ADDITION NUDGE CONTROL ELBOW LOCK		Y	BY REPORT
L6640*		UPPER EXTREMITY ADDITIONS SHOULDER ABDUCTION JOINT PAIR		Y	BY REPORT
L6641*		UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER PULLEY TYPE		Y	BY REPORT
L6642*		UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER LEVER TYPE		Y	BY REPORT
L6645*		UPPER EXTREMITY ADDITIONS SHOULDER FLEXION-ABDUCTION		Y	BY REPORT
L6650*		UPPER EXTREMITY ADDITIONS SHOULDER UNIVERSAL JOINT EACH		Y	BY REPORT
L6655*		UPPER EXTREMITY ADDITIONS STANDARD CONTROL CABLE EXTRA		Y	BY REPORT
L6660*		UPPER EXTREMITY ADDITIONS HEAVY DUTY CONTROL CABLE		Y	BY REPORT
L6665*		UPPER EXTREMITY ADDITIONS TEFLON OR EQUAL CABLE LINING		Y	BY REPORT
L6670*		UPPER EXTREMITY ADDITIONS HOOK TO HAND CABLE ADAPTER		Y	BY REPORT
L6672*		UPPER EXTREMITY ADDITIONS HARNESS CHEST OR		Y	BY REPORT
L6675*		UPPER EXTREMITY ADDITIONS HARNESS FIGURE OF ("8")		Y	BY REPORT
L6676*		UPPER EXTREMITY ADDITIONS HARNESS FIGURE OF ("8") EIGHT		Y	BY REPORT
L6680*		UPPER EXTREMITY ADDITIONS TEST SOCKET WRIST DISARTICULAT-		Y	BY REPORT
L6682*		UPPER EXTREMITY ADDITIONS TEST SOCKET ELBOW DISARTICULAT-		Y	BY REPORT
L6684*		UPPER EXTREMITY ADDITIONS TEST SOCKET SHOULDER DIS-		Y	BY REPORT
L6686*		UPPER EXTREMITY ADDITION SUCTION SOCKET		Y	BY REPORT
L6687*		UPPER EXTREMITY FRAME TYPE SOCKET BELOW ELBOW		Y	BY REPORT
L6688*		UPPER EXTREMITY FRAME TYPE SOCKET ABOVE ELBOW		Y	BY REPORT
L6689*		UPPER EXTREMITY ADDITION FRAME TYPE SOCKET SHOULDER DISAR		Y	BY REPORT
L6690*		UPPER EXTREMITY ADDITION FRAME TYPE SOCKET INTERSCAPULAR-		Y	BY REPORT
L6691*		UPPER EXTREMITY ADDITION REMOVABLE INSERT EACH		Y	BY REPORT
L6692*		UPPER EXTREMITY ADDITION SILICONE GEL INSERT OR EQUAL EACH		Y	BY REPORT
L6693*		UPPER EXTREM ADD'N EXT LOCKING ELBOW/FOREARM COUNTERBALANCE	Y	Y	\$2,150.81
L6700*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #3		Y	BY REPORT
L6705*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5		Y	BY REPORT
L6710*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5X		Y	BY REPORT
L6715*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5XA		Y	BY REPORT

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Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
L6720*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #6		Y	BY REPORT
L6725*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #7		Y	BY REPORT
L6730*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #7LO		Y	BY REPORT
L6735*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #8		Y	BY REPORT
L6740*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #8X		Y	BY REPORT
L6745*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #88X		Y	BY REPORT
L6750*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #10P		Y	BY REPORT
L6755*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #10X		Y	BY REPORT
L6765*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #12P		Y	BY REPORT
L6770*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #99X		Y	BY REPORT
L6775*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #555		Y	BY REPORT
L6780*		TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #SS555		Y	BY REPORT
L6790*		TERMINAL DEVICES HOOKS-ACCU HOOK OR EQUAL		Y	BY REPORT
L6795*		TERMINAL DEVICES HOOKS-2 LOAD OR EQUAL		Y	BY REPORT
L6800*		TERMINAL DEVICES HOOKS-APRL VC OR EQUAL		Y	BY REPORT
L6805*		TERMINAL DEVICE MODIFIER WRIST FLEXION UNIT		Y	BY REPORT
L6806*		TERMINAL DEVICE HOOK TRS GRIP VC		Y	BY REPORT
L6807*		TERMINAL DEVICE HOOK TRS ADEPT CHILD VC		Y	BY REPORT
L6808*		TERMINAL DEVICE HOOK TRS ADEPT INFANT VC		Y	BY REPORT
L6809*		TERMINAL DEVICE HOOK TRS SUPER SPORT PASSIVE		Y	BY REPORT
L6810*		TERMINAL DEVICE PINCHER TOOL OTTO BOCK OR EQUAL		Y	BY REPORT
L6825*		TERMINAL DEVICES HANDS DORRANCE VO		Y	BY REPORT
L6830*		TERMINAL DEVICES HANDS APRL VC		Y	BY REPORT
L6835*		TERMINAL DEVICES HANDS SIERRA VO		Y	BY REPORT
L6840*		TERMINAL DEVICES HANDS BECKER IMPERIAL		Y	BY REPORT
L6845*		TERMINAL DEVICES HANDS BECKER LOCK GRIP		Y	BY REPORT
L6850*		TERMINAL DEVICES HANDS BECKER PLYLITE		Y	BY REPORT
L6855*		TERMINAL DEVICES HANDS ROBIN-AIDS VO		Y	BY REPORT
L6860*		TERMINAL DEVICES HANDS ROBIN-AIDS VO SOFT		Y	BY REPORT
L6865*		TERMINAL DEVICES HANDS PASSIVE HAND		Y	BY REPORT
L6867*		TERMINAL DEVICE HAND DETROIT INFANT HAND (MECHANICAL)		Y	BY REPORT
L6868*		TERMINAL DEVICE HAND PASSIVE INFANT HAND ( STEEPER HOSME		Y	BY REPORT
L6869*		TERMINAL DEVICE HAND PASSIVE INFANT HAND HOSMER OR EQUAL		Y	BY REPORT
L6870*		TERMINAL DEVICES HANDS CHILD MITT		Y	BY REPORT
L6872*		TERMINAL DEVICE HAND NYU CHILD HAND		Y	BY REPORT
L6873*		TERMINAL DEVICE HAND MECHANICAL INFANT HAND STEEPER OR		Y	BY REPORT

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L6875*		TERMINAL DEVICES HANDS BOCK VC		Y	BY REPORT
L6880*		TERMINAL DEVICES HANDS BOCK VO		Y	BY REPORT
L6881*		AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB PROSTHETIC	Y	Y	\$3,211.82
L6882*		MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB	Y	Y	\$2,436.35
L6890*		TERMINAL DEVICE GLOVES FOR ABOVE HANDS PRODUCTION GLOVE		Y	BY REPORT
L6895*		TERMINAL DEVICES GLOVES FOR ABOVE HANDS CUSTOM GLOVE		Y	BY REPORT
L6900*		HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED)		Y	BY REPORT
L6905*		HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED)		Y	BY REPORT
L6910*		HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED)		Y	BY REPORT
L6915*		HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED)		Y	BY REPORT
L6920*		WRIST DISARTICULATION EXTERNAL POWER SELF-SUSPENDED INNER		Y	BY REPORT
L6925*		WRIST DISARTICULATION EXTERNAL POWER SELF-SUSPENDED INNER		Y	BY REPORT
L6930*		BELOW ELBOW EXTERNAL POWER SELF-SUSPENDED INNER SOCKET RE		Y	BY REPORT
L6935*		BELOW ELBOW EXTERNAL POWER SELF-SUSPENDED INNER SOCKET RE		Y	BY REPORT
L6940*		ELBOW DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKET		Y	BY REPORT
L6945*		ELBOW DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKET		Y	BY REPORT
L6950*		ABOVE ELBOW EXTERNAL POWER MOLDED INNER SOCKET REMOVABLE		Y	BY REPORT
L6955*		ABOVE ELBOW EXTERNAL POWER MOLDED INNER SOCKET REMOVABLE		Y	BY REPORT
L6960*		SHOULDER DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKE		Y	BY REPORT
L6965*		SHOULDER DISARTICULATION EXTERNAL POWER MOLDED INNER SOCKE		Y	BY REPORT
L6970*		INTERSCAPULAR-THORACIC EXTERNAL POWER MOLDED INNER SOCKET		Y	BY REPORT
L6975*		INTERSCAPULAR-THORACIC EXTERNAL POWER MOLDED INNER SOCKET		Y	BY REPORT
L7010*		ELECTRONIC HAND OTTO BOCK STEEPER OR EQUAL SWITCH CONTROL		Y	BY REPORT
L7015*		ELECTRONIC HAND SYSTEM TEKNIK VARIETY VILLAGE OR EQUAL SW		Y	BY REPORT
L7020*		ELECTRONIC HAND GREIFER OTTO BOCK OR EQUAL SWITCH CONTROLL		Y	BY REPORT
L7025*		ELECTRONIC HAND OTTO BOCK OR EQUAL MYOELECTRONICALLY CONTR		Y	BY REPORT
L7030*		ELECTRONIC HAND SYSTEM TEKNIK VARIETY VILLAGE OR EQUAL MY		Y	BY REPORT
L7035*		ELECTRONIC GREIFER OTTO BOCK OR EQUAL MYOELECTRONICALLY CO		Y	BY REPORT
L7040*		PREHENSILE ACTUATOR HOSMER OR EQUAL SWITCH CONTROLLED		Y	BY REPORT
L7045*		ELECTRONIC HOOK CHILD MICHIGAN OR EQUAL SWITCH CONTROLLED		Y	BY REPORT
L7170*		ELECTRONIC ELBOW HOSMER OR EQUAL SWITCH CONTROLLED		Y	BY REPORT
L7180*		ELECTRONIC ELBOW UTAH OR EQUAL MYOELECTRONICALLY CONTROLLE		Y	BY REPORT
L7185*		ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL SWITCH CONTROL		Y	BY REPORT
L7186*		ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL SWITCH CO		Y	BY REPORT
L7190*		ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL MYOELECTRONIC		Y	BY REPORT
L7191*		ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL MYOELECTR		Y	BY REPORT

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L7260*		ELECTRONIC WRIST ROTATOR OTTO BOCK OR EQUAL		Y	BY REPORT
L7261*		ELECTRONIC WRIST ROTATOR FOR UTAH ARM		Y	BY REPORT
L7266*		SERVO CONTROL STEEPER OR EQUAL		Y	BY REPORT
L7272*		ANALOGUE CONTROL UNB OR EQUAL		Y	BY REPORT
L7274*		PROPORTIONAL CONTROL 12 VOLT UTAH OR EQUAL		Y	BY REPORT
L7360*		SIX VOLT BATTERY OTTO BOCK OR EQUAL EACH		Y	BY REPORT
L7362*		BATTERY CHARGER SIX VOLT OTTO BOCK OR EQUAL		Y	BY REPORT
L7364*		TWELVE VOLT BATTERY UTAH OR EQUAL EACH		Y	BY REPORT
L7366*		BATTERY CHARGER TWELVE VOLT UTAH OR EQUAL		Y	BY REPORT
L7499*		UPPER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED		Y	BY REPORT
L7500*		REPAIR OF PROSTHETIC DEVICE HOURLY RATE		Y	BY REPORT
L7510*		REPAIR PROSTHETIC DEVICE REPAIR OR REPLACE MINOR PARTS		Y	BY REPORT
L7520*		REPAIR PROSTHETIC DEVICE LABOR COMPONENT PER 15 MINUTES		Y	BY REPORT
L7900*		VACUUM ERECTION SYSTEM		Y	BY REPORT
L8000*		BREAST PROSTHESIS MASTECTOMY BRA		Y	BY REPORT
L8001*		BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST		Y	\$98.54
L8002*		BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST		Y	\$129.62
L8010*		BREAST PROSTHESIS MASTECTOMY SLEEVE		Y	BY REPORT
L8015*		EXT BREAST PROSTHESIS GARMENT W/MASTECTOMY FORM POST-MASTEC		Y	\$42.98
L8020*		BREAST PROSTHESIS MASTECTOMY FORM		Y	BY REPORT
L8030*		BREAST PROSTHESIS SILICONE OR EQUAL		Y	BY REPORT
L8035*		CUSTOM BREAST PROSTH. POST MASTECTOMY MOLDED TO PT. MODEL	Y	Y	\$2,775.53
L8039*		BREAST PROSTHESIS NOT OTHERWISE SPECIFIED		Y	BY REPORT
L8040		NASAL PROSTHESIS	Y	Y	\$1,151.34
L8041		MIDFACIAL PROSTHESIS	Y	Y	\$1,387.80
L8042		ORBITAL PROSTHESIS	Y	Y	\$1,559.33
L8043		UPPER FACIAL PROSTHESIS	Y	Y	\$1,746.45
L8044		HEMI-FACIAL PROSTHESIS	Y	Y	\$1,933.57
L8045		AURICULAR PROSTHESIS	Y	Y	\$1,226.76
L8046		PARTIAL FACIAL PROSTHESIS	Y	Y	\$1,247.46
L8047		NASAL SEPTAL PROSTHESIS	Y	Y	\$639.32
L8048		UNSPECIFIED MAXILLOFACIAL PROSTHESIS		Y	BY REPORT
L8049		REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR, 15 MIN.		Y	\$19.92
L8100*		ELASTIC SUPPORTS ELASTIC STOCKINGS BELOW KNEE MEDIUM		Y	\$27.96
L8110*		ELASTIC SUPPORTS ELASTIC STOCKINGS BELOW KNEE HEAVY		Y	\$27.96
L8120*		ELASTIC STOCKING BELOW KNEE SURGICAL		Y	\$27.96

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L8130*		ELASTIC SUPPORTS ELASTIC STOCKINGS ABOVE KNEE MEDIUM		Y	\$27.96
L8140*		ELASTIC SUPPORTS ELASTIC STOCKINGS ABOVE KNEE HEAVY		Y	\$27.96
L8150*		ELASTIC SUPPORTS ELASTIC STOCKINGS ABOVE KNEE SURGICAL		Y	\$27.96
L8160*		ELASTIC SUPPORTS ELASTIC STOCKINGS FULL LENGTH MEDIUM		Y	\$27.96
L8170*		ELASTIC SUPPORTS ELASTIC STOCKINGS FULL LENGTH HEAVY		Y	\$27.96
L8180*		ELASTIC SUPPORTS ELASTIC STOCKINGS FULL LENGTH HEAVY		Y	\$27.96
L8190*		ELASTIC SUPPORTS ELASTIC STOCKINGS LEOTARDS MEDIUM		Y	\$27.96
L8200*		ELASTIC SUPPORTS ELASTIC STOCKINGS LEOTARDS SURGICAL		Y	\$27.96
L8210*		GRADIENT COMPRESSION STOCKING CUSTOM MADE		Y	\$78.19
L8220*		GRADIENT COMPRESSION STOCKING LYMPHEDEMA		Y	\$27.96
L8230*		GRADIENT COMPRESSION STOCKING GARTER BELT		Y	BY REPORT
L8239*		GRADIENT COMPRESSION STOCKING NOT OTHERWISE SPECIFIED		Y	BY REPORT
L8300*		TRUSSES SINGLE WITH STANDARD PAD		Y	BY REPORT
L8310*		TRUSSES DOUBLE WITH STANDARD PADS		Y	BY REPORT
L8320*		TRUSSES ADDITION TO STANDARD PADS WATER PAD		Y	BY REPORT
L8330*		TRUSSES ADDITION TO STANDARD PADS SCROTAL PAD		Y	BY REPORT
L8400*		PROSTHETIC SHEATH BELOW KNEE EACH		Y	BY REPORT
L8410*		PROSTHETIC SHEATH ABOVE KNEE EACH		Y	BY REPORT
L8415*		PROSTHETIC SHEATH UPPER LIMB EACH		Y	BY REPORT
L8417*		PROS SHEATH/SOCK GEL CUSHION BELOW OR ABOVE KNEE EACH		Y	\$56.40
L8420*		PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE EACH		Y	BY REPORT
L8430*		PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE EACH		Y	BY REPORT
L8435*		PROSTHETIC SOCK MULTIPLE PLY UPPER LIMB EACH		Y	BY REPORT
L8440*		PROSTHETIC SHRINKER BELOW KNEE EACH		Y	BY REPORT
L8460*		PROSTHETIC SHRINKER ABOVE KNEE EACH		Y	BY REPORT
L8465*		PROSTHETIC SHRINKER UPPER LIMB EACH		Y	BY REPORT
L8470*		PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EACH		Y	\$17.05
L8480*		PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EACH		Y	\$17.05
L8485*		PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB EACH		Y	\$9.00
L8490*		ADD TO PROSTHETIC SHEATH/SOCK AIR SEAL SUCTION RETENTION SYS		Y	\$94.09
L8499*		UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC		Y	BY REPORT
L8500*		ARTIFICIAL LARYNX ANY TYPE		Y	BY REPORT
L8501*		TRACHEOSTOMY SPEAKING VALVE		Y	BY REPORT
L8505*		ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY, ANY TYPE		Y	BY REPORT
L8507*		TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE,		Y	\$32.90
L8509*		TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED		Y	\$85.78

By report payes 90% of billed charges;  
80% for wheelchairs and components.

# Durable Medical Equipment, Orthotics, Prosthetics and Supplies (DMEOPS)

## Montana Medicaid Fee Schedule

*To be used in conjunction with current HCPCS publications.*

Proc	Modifier	Description (Short)	P.A.	C.M.N.	FEE
L8510*		VOICE AMPLIFIER		Y	\$198.52
L8699*		PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED		Y	BY REPORT
Q0188		CUSTOM MOLDED SHOE (DIABETICS ONLY)		Y	BY REPORT
V2623		PROSTHETIC EYE PLASTIC CUSTOM	Y	Y	\$976.85
V2624		POLISHING/RESURFACING OF OCULAR PROSTHESIS	Y	Y	BY REPORT
V2625		ENLARGEMENT OF OCULAR PROSTHESIS	Y	Y	BY REPORT
V2626		REDUCTION OF OCULAR PROSTHESIS	Y	Y	BY REPORT
V2627		PROSTHETIC EYE SCLERAL COVER SHELL	Y	Y	BY REPORT
V2628		FABRICATION AND FITTING OF OCULAR COMFORMER	Y	Y	\$285.36
V5266		BATTERY FOR USE IN HEARING DEVICE			\$1.18
W2501		TUB TRANSFER BENCH			BY REPORT
W2501	RR	TUB TRANSFER BENCH			BY REPORT
W2532		CONDOMS - PER 12			\$3.47
W2536		CONTRACEPTIVE FOAM JELLY OR CREME PER TUBE			\$3.81
W2538		CONTRACEPTIVE SPONGE EACH			\$1.05
W2577*		REUSABLE DIAPERS - (PREVIOUS DISPOSABLE CHILDREN'S)			BY REPORT
W2578*		INCONTINENT PRODUCTS (LINERS SHIELDS)			\$0.40
W2850		OXIMETER SPOT CHECK	Y	Y	\$1,112.80
W2850	RR	OXIMETER SPOT CHECK		Y	\$111.28
W2851		OXIMETER CONTINUOUS CHECK	Y	Y	\$2,235.55
W2851	RR	OXIMETER CONTINUOUS CHECK		Y	\$223.55
W2930		SPECIAL FORMULA UNDER EPSDT		Y	BY REPORT
W2931		DIETARY SUPPLEMENT VITAMINS EPSDT		Y	BY REPORT
W2932		DIETARY SUPPLEMENT MINERALS EPSDT		Y	BY REPORT
W2933		DIETARY SUPPLEMENT SPECIAL ADDITIVES EPSDT		Y	BY REPORT
W2934		PKU METABOLIC FOOD			BY REPORT

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